

min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count
Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	2
Approval	70450 CT BRAIN, HEAD		double vision.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. Head Injury/Headache - Will get CT brain to rule out acute abnormalities. Rx given for Imitrex for PRN use. Patient advised to avoid ASA use for headache. F/u with worsening.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Approval	70450 CT BRAIN, HEAD		headache has been continuous, 8/10 pain that continuous to worsen, nausea/vomiting, light and sound sensitivity (abnormal to Pt), fatigue.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70450 CT BRAIN, HEAD		memory loss / loss of feeling in the left side of face; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Approval	70450 CT BRAIN, HEAD		none; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1

Approval	70450 CT BRAIN, HEAD	Patient is experiencing recurring headaches on the right side of her head she's stating that she's having numbness on the right side of her body on occasion and is concerned. Patient is also having blurred vision and neck pain when these headaches occur.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD	pupils appear unequal on exasm; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	2
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	10
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This is a request for a brain/head CT.; There is a suspected or known brain tumor.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE, MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE, MAXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE, MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE, MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE, MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE, MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	right side soar throat ,; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	2
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Subtle focus of radiotracer uptake at the base of the tongue on the left in the vallecula area. Please consider a dedicated contrast-enhanced; This study is being ordered for trauma or injury.; 41 y.o.male here for complaint of headache. He states that he got into an altercation one month ago where he was physically injured in his head. He is accompanied by his mother who states that he has had surgery with screws placed in his brain as a child.; There has been treatment or conservative therapy.; Head injury, initial encounter; Injury due to altercation, initial encounter; Episodic cluster headache, not intractable; Mediastinal lymphadenopathy; imitrex	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Subtle focus of radiotracer uptake at the base of the tongue on the left in the vallecula area. Please consider a dedicated contrast-enhanced; This study is being ordered for trauma or injury.; 41 y.o.male here for complaint of headache. He states that he got into an altercation one month ago where he was physically injured in his head. He is accompanied by his mother who states that he has had surgery with screws placed in his brain as a child.; There has been treatment or conservative therapy.; Head injury, initial encounter; Injury due to altercation, initial encounter; Episodic cluster headache, not intractable; Mediastinal lymphadenopathy; imitrex	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PATIENT IS HAVING SEVERE HEADACHES AND ITS CAUSING VISUAL DISTURBANCE'S.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. Pt is having headaches and visual disturbances.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	5
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/27/15; There has not been any treatment or conservative therapy.; Chest- pulmonary nodule Lumbar-sciatica pain	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	bronchitis and acute upper respiratory inflammation.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	COPD ON 2 INHALERS; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	FOLLOW UP OF KNOWN MASS; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	fracture.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	headache has been continuous, 8/10 pain that continuous to worsen, nausea/vomiting, light and sound sensitivity (abnormal to Pt), fatigue.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; 1 month with chest pain without relief. Pt states onset due to wrestling with son. Pt prescribe Norco for pain. No relief of pain with medication. Xrays are normal; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	<p>It is not known if there is radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</p> <p>Patient complains of right flank pain. It has been constant for the past few weeks. It is a cramp-like pain. Also has a residual cough since January 2017. Chest x-ray on this visit shows the follow: hyperexpansion of the lung fields and flattening of the ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Approval	71250 CT CHEST, THORAX	<p>Pt has a 1.5 cm nodule in his right lung. WE need to examine this asap; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</p> <p>Pt has a knot that showed up on the side of his chest. Right rib pain, whenever he pushes on it pain is severe.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>small subtle lesion shown on chest x-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</p>	1

Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has left plural effusion and has had it for about a month, pain on the left side (left rib area) and shortness of breath; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	3
Approval	71250 CT CHEST, THORAX	Two noncalcified pulmonary nodules identified in the right lower hemithorax along the course of the right minor fissure, the largest of which measures 9 mm x 3 mm in diameter. These are nonspecific but most likely related to noncalcified granulomas in ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	back pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/3/2017; There has been treatment or conservative therapy.; pain; educated on home exercise	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1

Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness in the hands; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2016; There has been treatment or conservative therapy.; pain, numbness and tingling of lower extremities; PT, medication	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/9/17; There has not been any treatment or conservative therapy.; Numbness, pain in the shoulder, Pain in the lower neck, tingling of the right hand	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; NOVEMBER 2016; There has been treatment or conservative therapy.; PATIENT HAS CHRONIC BACK PAIN.; PATIENT HAS HAD MEDICATIONS & CHIROPRACTIC CARE.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; October 2016; There has been treatment or conservative therapy.; knee neck and shoulder pain Joint pain and headaches; Pt has completed PT and 12 weeks of conservative measures. She has been on NSAIDS for 12 weeks	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	caller requested to bypass clinicals; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n/a; It is not known if there has been any treatment or conservative therapy.; n/a	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient had direct blow to his posterior neck with a piece of fire wood and has decreased grip strength and ROM to left hand/shoulder, has been taking naproxen for the last week without relief, symptoms continue to worsen instead of improving, MRI cervica; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has decreased grip strength and ROM to left hand/shoulder; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	10

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy. unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness of the fingers.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; NOVEMBER 2016; There has been treatment or conservative therapy.; PATIENT HAS CHRONIC BACK PAIN.; PATIENT HAS HAD MEDICATIONS & CHIROPRACTIC CARE.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	caller requested to bypass clinicals; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n/a; It is not known if there has been any treatment or conservative therapy.; n/a	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; <Enter Additional Clinical Information>	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	4
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2016; There has been treatment or conservative therapy.; pain, numbness and tingling of lower extremities; PT, medication < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3/06/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; X RAY, MOIST HEAT FOR NECK 2 DAYS AND OVER THE COUNTER MEDS. INJECTION "TORADOL	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/3/2017; There has been treatment or conservative therapy.; pain; educated on home exercise	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	caller requested to bypass clinicals; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n/a; It is not known if there has been any treatment or conservative therapy.; n/a	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient fell off of a ladder and has trauma to her lower back. X-ray of her back is abnormal. Patient is unable to walk or sit without pain.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Gabapentin  Motrin  Demerol	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	23
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	10
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	9
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s); The patient has Neurological deficit(s)	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	x-ray done-mild degeneration.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in LLE, drags leg at times, frequent leg numbness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3/06/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; X RAY, MOIST HEAT FOR NECK 2 DAYS AND OVER THE COUNTER MEDS.	1
Approval	72196 MRI PELVIS	INJECTION "TORADOL This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1

Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Approval	72196 MRI PELVIS	will fax; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/9/17; There has not been any treatment or conservative therapy.; Numbness, pain in the shoulder, Pain in the lower neck, tingling of the right hand < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.;	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	numbness, pain in bilateral wrist, weakness in hands , limited range of motion,; medication	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	PATIENT WITH DECREASE IN RANGE OF MOTION PROVIDER TRYING TO RULE OUT POSSIBLE ROTATOR CUFF TEAR.PATIENT DOESNT USE LEFT ARM AT ALL DUE TO PAIN. ON EXAM PATIENT UNABLE TO RAISE PAST 45 DEGREE ABD AND POSITIVE ON HAWKINS.UNABLE TO RAISE PAST 40 DEGREE FLEXI; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Swelling	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	6
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; &It; Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The plain films were not normal.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Unknown; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury.; October 2016; There has been treatment or conservative therapy.; knee neck and shoulder pain Joint pain and headaches; Pt has completed PT and 12 weeks of conservative measures.; She has been on NSAIDS for 12 weeks	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	FELL ONTO LEFT KNEE WHILE IN FLEXION,HIT CURB.HAVING SWELLING DISTAL PATELLA AND DECREASE RANGE OF MOTION,DIFFICULTY WITH WEIGHT BEARING. ; EXAM: SWELLING AND TENDERNESS DISTAL PATELLA; XRAY: DISTAL PATELLA LATERAL VIEW VIEW CHIP VS SPUR ; DX: LEFT ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Locking; This study is being ordered for a neurological disorder.; 2/15/2017; There has been treatment or conservative therapy.; swelling, pain and difficulty walking; PT, Inceds and steroids	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion. < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abdominal pain x 2 months  Pt here for c/o sharp pain midsternal and down left side x5 days she says that the gerd medication prescribed is not working 22y/o female presents c/o continued epigastric pain w/ radiation to LUQ abdomen, mildly tender. She ; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	c/o increase in right flank pain over the last month or so, feels like kidney stone, feels right flank pain that is worse when bladder is full, has Hx 6 yrs prior with one large stone removed with lithotripsy. pt states had large amount of caffeine intake; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Mass was found by visual exam in the abdomen, upper gastric tenderness, hernia, palpable by reducible; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass. Patient complains of right flank pain. It has been constant for the past few weeks. It is a cramp-like pain. Also has a residual cough since January 2017. Chest x-ray on this visit shows the follow: hyperexpansion of the lung fields and flattening of the ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	The patient has a history of hernia, had it repaired in 2011. Patient has been experiencing similar symptoms since 12/1/2016 that are worsening.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	The Pt has a mass around umbilical area.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	3
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Abscess.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	TREATING FOR OVER A YEAR WITH NO RELIEF; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is having abdominal pain and a lose in appetite.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Provider believes patient has hernia. She has abd pressure and pain that is ongoing. Failed oral treatment.   Palpation was limited due to burn grafts.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has Rt flank pain; r/o renal stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt with hx of diverticulosis. has failed 2-3 months of outpatient abx therapy. needs ct to r/o diverticulitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	She is having increased cervix tenderness with lower right quadrant. Cervical Motion tenderness. She is having vomiting. Fever, chills, abdominal pain, abnormal bleeding. History of recent tubal ligation.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; abdominal pain, diarrhea, constipation  The symptoms began 20 years ago. The symptoms are reported as being moderate. The symptoms occur randomly. The location is abdomen. Aggravating factors include nothing. Relieving factors include nothing. She states; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ABDOMINAL TENDERNESS-RIGHT MID AREA,CHANGE IN APPETITE,NAUSEA,FEVER, 1. Abdominal pain  Onset: 1 Week 3 Days. The severity of the problem is moderate. The problem has worsened. The symptoms are constant. The location is right lower quadrant. The quali; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Blood in stool; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain with movement increasing over past few days, had pain several weeks, palpable bulge on right side, tenderness, reducible with flat line, did ultrasound which was inconclusive,; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	14
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Trauma; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	The Pt had a ultrasound, which showed hydronephrosis and masses on the kidney; Can't do a CT because the creatinine levels are too high, so an MRI was recommended for further evaluation.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" UNKNOWN	1

Approval	74181 MRI ABDOMEN 75635 CTA AA&BI ILIOFEM LXTR	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; mass on gall bladder	1
Approval	RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	elevated blood pressure, pre op clearance for scheduled neck surgery; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Syncope/Chest Pain/Hx Premature CAD in Family and sudden cardiac death.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/13/2016; There has been treatment or conservative therapy.; headache dizzyness; anti-inflammatory and ice	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	FAMILY HISTORY OF STROKE; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	hx of stroke; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt c/o chest discomfort, headache and dizziness x1 month. Pt to clinic for f/u. She reports that she has had an increase in headaches recently. She is also experiencing chest pain x2 months. Reports that both symptoms come and go. She is complaining of de; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt c/o migraine x6 days. pt reports went to ER x4 days ago was treated and released. pt reports was dx with migraines at age 9. states the imitrex only eased it. states it sia continuous pain; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	She has experienced sinus like problems for approximately 2 months which have worsened even with medications. it has developed into nausea, dizziness, migraine headaches, and overall poor feeling.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/10/2017; There has been treatment or conservative therapy.; Headache, nausea, dizziness, fatigue, fever, chills.  Neg for flu or strep; She has been given medication for headache and fever and chills. It has since developed further and she has been given medication for chronic sinusitis without relief. Her headaches have not weakened and she has now developed nausea and dizziness	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The Pt has recurring migraines; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1
Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/13/2016; There has been treatment or conservative therapy.; headache dizziness; anti-inflammatory and ice	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	She has experienced sinus like problems for approximately 2 months which have worsened even with medications. it has developed into nausea, dizziness, migraine headaches, and overall poor feeling.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/10/2017; There has been treatment or conservative therapy.; Headache, nausea, dizziness, fatigue, fever, chills.  Neg for flu or strep; She has been given medication for headache and fever and chills. It has since developed further and she has been given medication for chronic sinusitis without relief. Her headaches have not weakened and she has now developed nausea and dizziness	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	1

Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Swelling painful to right side of neck .shoulder pain headaches since December 2016; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March 2017; There has not been any treatment or conservative therapy.; Throbbing headache, shooting pain through head	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March 2017; There has not been any treatment or conservative therapy.; Throbbing headache, shooting pain through head	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.She had a stroke three years ago and is having new onset headaches and weakness. chest discomfort,headache and dizziness x1 month.Pt reports increase in stress Pt to clinic for f/u. She reports that she has had an increase in headaches recently. She i; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	falls; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt states that her migraines have worsened. She is having aura, light headed, photophobia, nausea, and pain in the teeth.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Swelling painful to right side of neck .shoulder pain headaches since December 2016; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	coughing, wheezing, shortness of breath, chronic dyspnea, not coughing up purulent , smoker for over 50 years, shallow respiration; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Follow up to previous abnormal CT 2 years ago; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	71550 MRI CHEST	Radiology Services	This is a request for a chest MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	ridiculopathy; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PT still in pain, and complete care for 6weeks. PT had x-ray of neck.; Cyclobenzaprine Cream, Hydrocodone, Diclosenca.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has been treatment or conservative therapy.; back, neck and joint pain. abnormal x-ray of spine; anti-inflammatory	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; pain mangagement	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD TRIAL OF NAPROXEN 500MG 1 BID, WHICH WAS STARTED IN NOVEMBER 2016 AND HAS NOT HELPED. IS CURRENTLY ON TRIAL OF GABAPENTIN, AND nSAID. NEED MRI TO RULE OUT NERVE IMPINGMENT AS PATIENT HAD BEEN MOVING HEAVY FURNITURE THE DAY THE PAIN OCCURED; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	referring to spine specialist; must have updated MRIs from within 12 months; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/26/2015; There has been treatment or conservative therapy.; back pain; see attached OVs	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The paint has joint locking.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; N/A; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 12/14/2016; There has been treatment or conservative therapy.; low back pain. cervical pain. neck pain. forearm numbness and tingling, hand tingling and numbness.; physical therapy. medications.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; MRI showing disc herniation; This study is being ordered for trauma or injury.; 2012,2015; There has been treatment or conservative therapy.; Lower back pain, radiating to bilateral lower extremities, pain while sitting.; Injections, anti-inflammatory, muscle relaxers, pain meds.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for trauma or injury.; Feb 7th or 8th 2017; There has not been any treatment or conservative therapy.; Stabbing pain in low back, feels as though hot boiling water is pouring from his neck down to his feet, heard a loud pop in his back, can't sleep due to pain, not tender to the touch but is a deep pain.	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has been c/o intermittent pain to right flank to right groin for 2 weeks. Ct shows kidney stone in left kidney. Pain is debilitating and keeping pt from work and activities of daily living.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt describes weakness with ambulation. Tenderness to palpation in the paraspinal region of the thoracic spine on the right; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	referring to spine specialist; must have updated MRIs from within 12 months; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/26/2015; There has been treatment or conservative therapy.; back pain; see attached OVs	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She's continued to have lower t spine and l spine pain, pain present when she wakes up, "I can't even put my shoes on or wipe myself without crying." She does report numbness and tingling in her legs and feet, "I haven't felt my feet or toes in a long tim; This study is being ordered for a neurological disorder.; 11/07/2016; There has been treatment or conservative therapy.; She's continued to have lower t spine and l spine pain, pain present when she wakes up, "I can't even put my shoes on or wipe myself without crying." She does report numbness and tingling in her legs and feet, "I haven't felt my feet or toes in a long tim; medication	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has been treatment or conservative therapy.; back, neck and joint pain. abnormal x-ray of spine; anti-inflammatory	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/27/15; There has not been any treatment or conservative therapy.; Chest- pulmonary nodule Lumbar-sciatica pain	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal xray; this is for further evaluation; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and numbness in the left leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LEFT LUMBAR AND SI TENDERNESS,NEGATIVE STRAIGHT LEG RAISE. Onset: 2 weeks ago. Severity level is moderate-severe. It occurs constantly and is worsening. Location: left (Hip). The pain is aching, burning and sharp. Context: there is no injury. The pa; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI showing disc herniation; This study is being ordered for trauma or injury.; 2012,2015; There has been treatment or conservative therapy.; Lower back pain, radiating to bilateral lower extremities, pain while sitting.; Injections, anti-inflammatory, muscle relaxers, pain meds.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for trauma or injury.; Feb 7th or 8th 2017; There has not been any treatment or conservative therapy.; Stabbing pain in low back, feels as though hot boiling water is pouring from his neck down to his feet, heard a loud pop in his back, can't sleep due to pain, not tender to the touch but is a deep pain.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	no additional reasons known.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Worsening lower back pain and right leg pain from thigh to knee with numbness to toes of right foot. Pt. can only ambulate a short distance without stopping to sit down. Pt. has history of Disc herniation at L5-S1 with compression of exiting left L5 nerve; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; in the leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	order to assess low back pain worsening. not responding to conservative treatment. numbness/tingling bilateral lower extremity; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits. past history of back surgery. recurring low back pain with radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt been on medication; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radiating pain to hips; xrays were done; starts PT; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in bilateral legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	referring to spine specialist; must have updated MRIs from within 12 months; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/26/2015; There has been treatment or conservative therapy.; back pain; see attached OVs	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She's continued to have lower t spine and l spine pain, pain present when she wakes up, "I can't even put my shoes on or wipe myself without crying." She does report numbness and tingling in her legs and feet, "I havent' felt my feet or toes in a long tim; This study is being ordered for a neurological disorder.; 11/07/2016; There has been treatment or conservative therapy.; She's continued to have lower t spine and l spine pain, pain present when she wakes up, "I can't even put my shoes on or wipe myself without crying." She does report numbness and tingling in her legs and feet, "I havent' felt my feet or toes in a long tim; medication	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 12/14/2016; There has been treatment or conservative therapy.; low back pain. cervical pain. neck pain. forearm numbness and tingling, hand tingling and numbness.; physical therapy. medications.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	x ray of lumbar spine on 01/23/2017; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the lower back; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; pain mangagement	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Elbow Pain (3 wks ago, getting out of bed, holding baby in right arm, weight on left arm, arm has give away causes pain an weakness; pain radiating to thumb and pinky finger) pain is shoot down her left arm  Had some numbness and weakness of the hand  H; 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.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt.'s pain is affecting her ability to rest well at night. Numbness to fingers makes it difficult to perform daily activities.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics. The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; It is not known if there are documented findings of crepitus.; It is not known if there are documented findings of swelling.; It is not known if the ordering physician is an orthopedist.; < Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient is experiencing joint locking or instability.; It is not known if the patient has a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion. < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis;	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain. < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits. ; ; The patient received oral analgesics.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	3 months of pain, hx of surgery; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Foot pain, decreased mobility Swelling; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; It is unknown if this study is being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	LLQ pain x2 months, constipation w/ abdominal swelling , mass and lump; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt has pain, nausea, and vomiting. RUX abd pain and has had an us In the past. She has been dx with cholelithiasis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; ; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; abdominal series shows constipation and gas. Taking medications to help with ongoing issue.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; DIARRHEA WITH NEGATIVE STOOL CULTURES; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; DEFINITE MASS OR LUMP ON THE LEFT SIDE	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	2
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	5
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1

Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Trauma related to MVA on 01/10/17	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/2/2017; There has not been any treatment or conservative therapy.; PATIENT HAS RT SIDE NUMBNESS, LOSS OF TEMP DISCRIMINATION.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/2/2017; There has not been any treatment or conservative therapy.; PATIENT HAS RT SIDE NUMBNESS, LOSS OF TEMP DISCRIMINATION.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Abnormal finding on cervical MRI which indicated need for additional diagnostic imaging. Recommended Imaging: Pre and Post contrast MRI of Brain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; < Enter answer here - or Type In Unknown If No Info Given. >; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1
Approval	71550 MRI CHEST	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS, SURGERY	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK THAT RADIATES INTO THE BACK AND HIPS, CONSTANT SHARP PAIN IN THE BACK, NUMBNESS AND TINGLING DOWN LEFT LEG. PAIN IN BACK FROM FRACTURED BACK AND MULTIPLE SURGERIES.; SURGERY TO THE THORACIC BACKX4 RESULTING IN RODS AND SCREWS IN HIS BACK, PT, MEDICATION	1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient is still waiting for Dr. Crabtree's office to contact him for a follow up appointment. Apparently followup had been planned following a CT myelogram both cervical and lumbar. Apparently there has been difficulty in obtaining scheduling; due to pa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; more than 1 year ago; There has been treatment or conservative therapy.; The patient presents today for follow up. They report pain as basically stable and controlled with current medications. Denies any side effects from their medications and maintains physical activity. Requests no changes today. The patient complains of p; Treatment History: Professional caregivers seen in the past include family physician. The following tests have been done in the past: unknown testing . He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Zanaflex, Oxycodone; and Oxycontin in t	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		2
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Pt is getting a discogram and is only required to get an MRI for it.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK		2
Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS, SURGERY	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	Patient is still waiting for Dr. Crabtree's office to contact him for a follow up appointment. Apparently followup had been planned following a CT myelogram both cervical and lumbar. Apparently there has been difficulty in obtaining scheduling; due to pa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; more than 1 year ago; There has been treatment or conservative therapy.; The patient presents today for follow up. They report pain as basically stable and controlled with current medications. Denies any side effects from their medications and maintains physical activity. Requests no changes today. The patient complains of p; Treatment History: Professional caregivers seen in the past include family physician. The following tests have been done in the past: unknown testing . He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Zanaflex, Oxycodone; and Oxycontin in t	1

Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	4
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	5
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	3
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	11
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; This is a request for a lumbar spine CT.; This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; The patient does not have a history of severe low back trauma or lumbar injury.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; This is a preoperative or recent post-operative evaluation.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		4
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	- RECOMMEND MRI CERVICAL SPINE - MRI cervical spine is being requested to further evaluate the patients persistent pain as well as the more worrisome neurologic symptoms. MRI is not typically needed prior to initiating treatment, unless there is a rapid; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for Greater than 1 year.; There has been treatment or conservative therapy.; Mrs. Austin presents to clinic today on a referral from Dr. Joseph Long. She is having pain in her mid to lower back which radiates into her left hip and down her leg, anterior thigh, knee and sometimes is associated with burning/numbness and tingling. ; She is currently prescribed no pain medications. Chiropractic care, structure exercise at the gym and OTC meds have provided some relief, but she feels her pain is worsening over last 1-2 years.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2016; There has been treatment or conservative therapy.; Numbness Tingling; PT Medications	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2016; There has been treatment or conservative therapy.; Pain, numbness an tingling, radiates to both arms and both legs; PT, Medications	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; There has been treatment or conservative therapy.; pain in neck radiating both arms, occasional numbness both hands, back pain radiates to legs; surgery lower back, multiple injections cervical spine, medications, past PT	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Do52-year-old female presents for initial evaluation upon referral from Dr. Kevin Jackson. She reports neck and low back pain that began greater than 10 years ago and is related to a history of working as a cleaner.  Lumbar MRI without contrast ta; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient did neck excercise she has decreased in her grip strength; hydrocodone morphine	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; PAIN IN NECK AND SHOULDER; MEDS, PT, INJECTIONS.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info GiveUnknownn; There has been treatment or conservative therapy.;;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	BILAT shoulder pain, hip pain and knee pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has been treatment or conservative therapy.; Pain in right shoulder. Spine pain.; Medications , injections, & PA.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	ICD: Chronic pain syndrome (G89.4); ICD: Generalized osteoarthritis (M15.9); ICD: Lumbago (M54.5); ICD: Cervical disc disorder with radiculopathy of cervical region (M50.10); ICD: Intervertebral disc disorder with radiculopathy of lumbosacral region (M51.); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	MRI cervical spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan for this; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; amlodipine 10 mg-benazepril 40 mg capsule 1 Every Morning, Prescribe 1 Unspecified; clonidine 0.1 mg/24 hr weekly transdermal patch 1 Twice A Day PRN, Prescribe 2 Unspecified; Vitamin D3 5,000 unit tablet 1 Every Morning, Prescribe 1 Unspecified; metho	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Order MRI C and L spine. Schedule for bilateral LMBB . She might also benefit from CMBB in the future.; This study is being ordered for trauma or injury.; Unknown; There has not been any treatment or conservative therapy.; Worsening factor(s) include: bending, house chores, lifting, sitting, standing and walking Alleviating factors include medications and rest. Other associated symptoms/problems include but not limited to: difficulty staying asleep due to pain and weakness	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pain has failed to respond to rest, activity modification, NSAIDs therapy, physical therapy, and current prescription medications, which include both opioid and non-opioids. Severe neck and shoulder pain and muscle spasm unresponsive to conservative manag; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has been unable to sleep.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness radiating to upper and lower extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is being considered for steroid injection; This study is being ordered for trauma or injury.; 4-2015; There has been treatment or conservative therapy.; Low back and neck pain; PT Meds	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt has chronic pain that is located in the neck and radiates down both arms and low back. She is being referred to spine surgery and needs an updated MRI for evaluation.; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	r/o fracture; This study is being ordered for a neurological disorder.; 02/01/2017; There has been treatment or conservative therapy.; decrease sensation; physical therapy, medication	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiculopathy; This study is being ordered for a neurological disorder.; 1/2/2017; There has been treatment or conservative therapy.; Low back pain w/ radiculopathy; Home exercise, Nsaids, PT and chiropractic	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Recommend MRI Cervical Spine- MRI cervical spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in form; This study is being ordered for trauma or injury.; Date of injury: 2010; There has been treatment or conservative therapy.; He reports onset of pain gradual. Reports frequency of his pain as constant with intermittent flare ups., constant and Intermittent. He describes the quality of pain as aching, burning, cramping, deep, dull, numbness, penetrating, pins and needle, pulling; Cervical Medical Branch Block	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Recommend MRI Lumbar Spine - MRI lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulatin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; The patient has an ongoing non-radicular lower back pain. Pain has failed to respond to rest, activity modification, NSAIDs therapy, physical therapy, and current prescription medications, which include both opioid and non-opioids.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Right paramidline lower cervical, Right periscapular pain and posterior arm pain and Right anterior brachium, Right posterior thigh and leg, Right paramidline lumbosacral The patient has been experiencing this pain for more that a year.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Reports loss of strength, numbness and tremors.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	She has tried NSAIDs- ibuprofen, Aleve, Tylenol, sports creams, Paxil and Hydrocodone in the past. The treatment tried in the past includes Heat, home exercises, Massage and tens. She says that the prior treatments tried have not helped much. The treatmen; This study is being ordered for trauma or injury.; Unknown; There has not been any treatment or conservative therapy.; Reports frequency of his pain as constant with intermittent flare ups. He describes the quality of pain as aching, burning, deep, penetrating, pins and needle, sharp, shooting, tender, throbbing and tingling. Pain radiates to left upper extremity, left fo	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	4
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy, NSAIDs and opioid medication therapy) and wishes to proceed with a cervical epidural steroid injection.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	12
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	10
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	9
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	18
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; He describes the quality of pain as aching, burning, cramping, deep and numbness. Pain radiates to bilateral upper extremities. He reports severity of pain on numerical reporting scale, at its worse is 10/10, least is 7/10, on an average 7/10, and right n; No, the patient does not have new or changing neurological signs or symptoms.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 01/16/2017 - still attending	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/15/2016; There has been treatment or conservative therapy.; NECK PAIN WITH ARM NUMBNESS AND WEAKNESS, LOW BACK PAIN RADIATING DOWN BOTH LEGS; PHYSICAL THERAPY AND MEDICATIONS	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2000; There has been treatment or conservative therapy.; Pt has increased pain in the neck that radiates to the upper left extremities and lower left extremities, reports onset after Motor Vehicle accident; PT, injections, medications, ice/heat, massage therapy, chiro, and home exercise program	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; Pt has low back pain that radiates down to her left leg to the left foot, neck pain that worsens with movement that occasionally goes down to her arm, occasional loss of grip.; Pt has had medication, surgery lumbar spine, and PT.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	left sided pain radiating down left side, numbness and tingling; physical therapy and medications	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; CHRNIC PAIN IN BACK; MEDS	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN BACK; SURGERY, INJECTIONS, MEDS	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient complains of pain at lower back , hips and legs, neck and shoulder and upper extremities. The patient has been experiencing this pain for for long time and can not remember when it started. She reports onset of pain gradual. Reports frequency ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	6
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		12
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	- RECOMMEND MRI CERVICAL SPINE - MRI cervical spine is being requested to further evaluate the patients persistent pain as well as the more worrisome neurologic symptoms. MRI is not typically needed prior to initiating treatment, unless there is a rapid; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for Greater than 1 year.; There has been treatment or conservative therapy.; Mrs. Austin presents to clinic today on a referral from Dr. Joseph Long. She is having pain in her mid to lower back which radiates into her left hip and down her leg, anterior thigh, knee and sometimes is associated with burning/numbness and tingling. ; She is currently prescribed no pain medications. Chiropractic care, structure exercise at the gym and OTC meds have provided some relief, but she feels her pain is worsening over last 1-2 years.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2016; There has been treatment or conservative therapy.; Numbess Tingling; PT Medications	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2016; There has been treatment or conservative therapy.; Pain, numbness an tingling, radiates to both arms and both legs; PT, Medications	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2005; There has been treatment or conservative therapy.; Radiculopathy, pain,; surgery, PT, inseds,	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; There has been treatment or conservative therapy.; pain in neck radiating both arms, occasional numbness both hands, back pain radiates to legs; surgery lower back, multiple injections cervical spine, medications, past PT	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	. Pain has failed to respond to rest, activity modification, and over the counter NSAIDs therapy -Recommend MRI Lumbar Spine - MRI lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms and increased falls. Findin; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; X-RAYS, PHYSICAL THERAPY, MEDICATIONS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; PAIN IN BACK AND KNEE; MEDS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; CHRNIC PAIN IN BACK; MEDS	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN BACK; SURGERY, INJECTIONS, MEDS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info GiveUnknownn; There has been treatment or conservative therapy.;;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	BILAT shoulder pain, hip pain and knee pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has been treatment or conservative therapy.; Pain in right shoulder. Spine pain.; Medications , injections, & PA.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Enter answer here - or Type In UNotes: Due to the patients bilateral radiculitis with mildly reduced reflexes, we will proceed with a lumbar MRI to establish a baseline of her low back and investigate for possible causes.  Clinical Notes: I spent great; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Do 54 year old female presents for follow-up regarding pain from lumbosacral spondylosis without myelopathy, bilateral lower extremity numbness and tingling, left greater trochanteric bursitis, left knee arthroplasty.  She is currently prescribed; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ICD: Chronic pain syndrome (G89.4) ICD: Generalized osteoarthritis (M15.9) ICD: Lumbago (M54.5) ICD: Cervical disc disorder with radiculopathy of cervical region (M50.10) ICD: Intervertebral disc disorder with radiculopathy of lumbosacral region (M51.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.;	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MRI lumbar spine is being requested to further evaluate the patients persistent pain as well as the more worrisome neurologic symptoms. MRI is not typically needed prior to initiating treatment, unless there is a rapid change in condition or a deteriora; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	numbness into bilateral hips down leg.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt has bilater l4l5 numbess; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Order MRI C and L spine. Schedule for bilateral LMBB . She might also benefit from CMBB in the future.; This study is being ordered for trauma or injury.; Unknown; There has not been any treatment or conservative therapy.; Worsening factor(s) include: bending, house chores, lifting, sitting, standing and walking Alleviating factors include medications and rest. Other associated symptoms/problems include but not limited to: difficulty staying asleep due to pain and weakness	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient complains of back pain since 2001. Recommend Lumbar MRI to rule out abnormalities and treat accordingly.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is being considered for steroid injection; This study is being ordered for trauma or injury.; 4-2015; There has been treatment or conservative therapy.; Low back and neck pain; PT Meds	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient presents with mid and lower back pain for last 3 years. She also reports radicular pain in left L5 S1 distribution.; She had PT therapy without much relief. She was on Tramadol which used to help before her PCP stopped prescribing it.The patient c; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient reports that she has had low back pain for years. The pain in her low back travels down bilateral lower extremity as well. Pain is associated with numbness/tingling in her feet and hands and calves. Pain changes in severity but always present.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Flexeril 10mg PRN&#x0D; Gabapentin 400mg TID&#x0D; Elavil 50mg &#x0D; Cymbalta</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>PT with no help; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and numbness down low back to right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. r/o fracture; This study is being ordered for a neurological disorder.; 02/01/2017;</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>There has been treatment or conservative therapy.; decrease sensation; physical therapy, medication</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Radiculopathy; This study is being ordered for a neurological disorder.; 1/2/2017; There has been treatment or conservative therapy.; Low back pain w/ radiculopathy; Home exercise, Nsaids, PT and chiropractic</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Recommend MRI Cervical Spine-&#x0D; &#x0D; MRI cervical spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in form; This study is being ordered for trauma or injury.; Date of injury: 2010; There has been treatment or conservative therapy.; He reports onset of pain gradual. Reports frequency of his pain as constant with intermittent flare ups., constant and Intermittent. He describes the quality of pain as aching, burning, cramping, deep, dull, numbness, penetrating, pins and needle, pulling; Cervical Medical Branch Block</p>	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Recommend MRI Lumbar Spine - MRI lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; The patient has an ongoing non-radicular lower back pain. Pain has failed to respond to rest, activity modification, NSAIDs therapy, physical therapy, and current prescription medications, which include both opioid and non-opioids.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Recommend MRI Right Shoulder and Lumbar spine- MRI RIGHT Shoulder and Lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, in; This study is being ordered for trauma or injury.; Date of injury: 2014; There has been treatment or conservative therapy.; Reports frequency of her pain as constant with intermittent flare ups. She describes the quality of pain as aching, burning, deep, sharp and pressure. Pain radiates to No radiation. She reports severity of pain on numerical reporting scale, at its worse i; Left SI Joint Injection Hip Bursa Injection #1 Hip Burse Injection #2	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Reports frequency of her pain as constant with intermittent flare ups. She describes the quality of pain as burning, deep, dull, penetrating, pins and needle, sharp, spreading, tender, throbbing and tingling. Worsening factor(s) include: cold and rainy we; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Reports frequency of her pain as constant with intermittent flare ups. She describes the quality of pain as burning, deep, pins and needle and sharp. Pain radiates to No radiation. She reports severity of pain on numerical reporting scale, at its worse is; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Rhizotomy right and left side in the last two months; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	She describes the quality of pain as aching, burning, dull, stabbing, throbbing and tingling. Pain radiates to lower back and into back sides of both thighs, left foot, left knee, right foot and right knee. She reports severity of pain on numerical report; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	She has not xray or MRI she is aware as she was without insurance for multiple years. PT, NSAIDs and chiropractic adjustments have not helped in the past.; Lumbar Spine: Inspection of the lumbar spine reveals normal lordosis with no obvious scoliosis or ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	She has tried NSAIDs- ibuprofen, Aleve, Tylenol, sports creams, Paxil and Hydrocodone in the past. The treatment tried in the past includes Heat, home exercises, Massage and tens. She says that the prior treatments tried have not helped much. The treatment; This study is being ordered for trauma or injury.; Unknown; There has not been any treatment or conservative therapy.; Reports frequency of his pain as constant with intermittent flare ups. He describes the quality of pain as aching, burning, deep, penetrating, pins and needle, sharp, shooting, tender, throbbing and tingling. Pain radiates to left upper extremity, left fo	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient complains of pain at lower back and hips and legs. Reports frequency of her pain as constant with intermittent flare ups. She describes the quality of pain as aching, burning, cramping, deep, numbness, sharp and pressure. Pain radiates to bila; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient complains of pain in Lower Back Pain. He has been experiencing this pain for last several years. He reports onset of pain gradual . The patient describes the pattern of pain as constant with intermittent flare ups.; He describes the quality of; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; NEUROLOGY-MOTOR STRENGTH &; LEFT LE STRENGHT-FLEXORS: 4/5 RIGHT LE STRENGTH-FLEXORS 5/5. LEFT LE STRENGHT-EXTENSORS 4/5, RIGHT LE EXTENSORS 5/5. LEFT LE TONE NORMAL. RIGHT LE TONE NORMAL. Palpation of lumbar facet joints at bilateral L4-5, and L5-S1 level	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	48
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	116
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	6
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	11
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; worse to stand or walk; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/15/2016; There has been treatment or conservative therapy.; NECK PAIN WITH ARM NUMBNESS AND WEAKNESS, LOW BACK PAIN RADIATING DOWN BOTH LEGS; PHYSICAL THERAPY AND MEDICATIONS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2000; There has been treatment or conservative therapy.; Pt has increased pain in the neck that radiates to the upper left extremities and lower left extremities, reports onset after Motor Vehicle accident; PT, injections, medications, ice/heat, massage therapy, chiro, and home exercise program	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; Pt has low back pain that radiates down to her left leg to the left foot, neck pain that worsens with movement that occasionally goes down to her arm, occasional loss of grip.; Pt has had medication, surgery lumbar spine, and PT.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; left sided pain radiating down left side, numbness and tingling; physical therapy and medications	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/09/2017; There has been treatment or conservative therapy.; Member is having hip and shoulder pain; physical therapy. celiboex medication	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; PAIN IN NECK AND SHOULDER; MEDS, PT, INJECTIONS.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Recommend MRI Right Shoulder and Lumbar spine- MRI RIGHT Shoulder and Lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, in; This study is being ordered for trauma or injury.; Date of injury: 2014; There has been treatment or conservative therapy.; Reports frequency of her pain as constant with intermittent flare ups. She describes the quality of pain as aching, burning, deep, sharp and pressure. Pain radiates to No radiation. She reports severity of pain on numerical reporting scale, at its worse i; Left SI Joint Injection Hip Bursa Injection #1 Hip Burse Injection #2	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; The patient is experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1

Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Abscess; This is a request for a Knee MRI.; The study is not requested for knee pain.; The study is not requested for any of the standard indications for Knee MRI R/O DISC RELATED PATHOLOGY.; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; chronic radiating pain; nsaid, pain medication and home exercise	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/09/2017; There has been treatment or conservative therapy.; Member is having hip and shoulder pain; physical therapy. celiboex medication	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2005; There has been treatment or conservative therapy.; Radiculopathy, pain,; surgery, PT, inseds,	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JANUARY 2001; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; PHYSICAL THERAPY, BACK SURGERY, MEDICATIONS	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Diagnostic Tests: ORDERING CT SCAN OF L-SPINE AND C-SPINE FOR CHRONIC PAIN AND R/O DISC RELATED PAIN. ALSO GETTING CT SCAN OF LEFT HIP.; This study is being ordered for a neurological disorder.; 09/13/2016; There has been treatment or conservative therapy.; Location of Pain: Neck pain & lower back pain, both in the center and on sides and chronic left hip pain s/p fractured and surgery; nsaid, pain medications and home exercise program	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 15 years ago; There has been treatment or conservative therapy.; radiating pain up mid back and down into bilateral hips, knees, and ankles,; lumbar fusion, discogram, injections, nerve blocks,	1

Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 15 years ago; There has been treatment or conservative therapy.; radiating pain up mid back and down into bilateral hips, knees, and ankles.; lumbar fusion, discogram, injections, nerve blocks,	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JANUARY 2001; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; PHYSICAL THERAPY, BACK SURGERY, MEDICATIONS	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Diagnostic Tests: ORDERING CT SCAN OF L-SPINE AND C-SPINE FOR CHRONIC PAIN AND R/O DISC RELATED PAIN. ALSO GETTING CT SCAN OF LEFT HIP.; This study is being ordered for a neurological disorder.; 09/13/2016; There has been treatment or conservative therapy.; Location of Pain: Neck pain & lower back pain, both in the center and on sides and chronic left hip pain s/p fractured and surgery; nsaid, pain medications and home exercise program	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/01/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; SHEP	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >;Jan of 2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; chronic back and neck pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; Meds, and at home exercise	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; pt	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-17-16; There has been treatment or conservative therapy.; There is tenderness noted at paraspinal muscles and facet joint lines. Range of motion of the thoracic spine is restriced with flexion and restricted with extension.; diclofenac sodium and hydrocodone-acetaminophen	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2009; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; There has been treatment or conservative therapy.; PAIN IN NECK, SHOULDER AND BACK; MEDS	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; X-RAYS, PHYSICAL THERAPY, MEDICATIONS	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; PAN IN NECK AND BACK; MEDS	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS	3
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS, PT, SURGERY	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK, SHOULDER AND BACK; MEDS	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 5 yrs ago; There has been treatment or conservative therapy.; pain; meds pt	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	aching burning cramping numbing pin and needle like sharp pain with radiculopathy, 6/10 on pain scale; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right shoulder and right upper extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	corporal tunnel, history of radiation; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	General: The patient is well developed and well-nourished. She is alert and oriented. She is in no acute distress. She has good hygiene; Eyes: Pupils are equal, round and reactive to light and accommodation. There is no corneal abrasion noted. Sclera; a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient reports of pain in her right side of her low back that radiates down her right leg. She also reports of numbness and tingling in her right leg.; Again, reviewed with her history of systemic MRSA infection. Reviewed with her results of her most re; There has been treatment or conservative therapy.; However she continues to note only partial control of her comorbid chronic pain.; Patient reports of pain in her right side of her low back that radiates down her right leg. She also reports of numbness and tingling in her right leg.; Current Medication; oxycodone; nortriptyline; Cymbalta; oxycodone 15 mg tablet 1 Tablet Every 6 Hours PRN for 30 Days , Prescribe 120 Tablet; Suboxone 8 mg-2 mg sublingual film 1 Unit Three times a Day for 7 Days , Prescribe 24 Film	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He has continued low back pain. His lumbar mri auth has expired; He has been having worsening pain in the neck and down the right arm; ttp over the lower back; + facet joint loading, + facet joint ttp bilaterally; We will like to check an MRI of the lu; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; He has continued low back pain. His lumbar mri auth has expired; He has been having worsening pain in the neck and down the right arm.; There has been treatment or conservative therapy.; He has continued low back pain. His lumbar mri auth has expired; He has been having worsening pain in the neck and down the right arm; Previous PT: did not help	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Doesn't have info	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Only radiographic study has been plain films of the lumbar spine noting no obvious acute process.; Discussed with patient further evaluation including MRIs both lumbar and cervical spine. Discussed initiating a trial of physical therapy. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-6 months ago; There has been treatment or conservative therapy.; He presents with a complaint of neck pain radiating to both shoulders and low back pain which is primarily axial in distribution. Patient notes the problems with neck and back is related to a diagnosis of scoliosis that he received about 12 years old. H; Plan: Consult Dr. Dyer/ Hep C; Schedule MRI Lumbar Spine/Cervical; Consult Physical Therapy; ; trial meloxicam 15 mg qd; trial tizanidine 4mg QHs; trial oxycodone/apap 7.5/325mg 3/day	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain; Pain Details: S/P Lumbar medial branch block. The patient complains of pain in lower back and in shoulder. The patient; has been experiencing this pain for more than 10 years. She reports onset of pain while lifting weight . The patient; describes h; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Previous Imaging Reviewed: MRI Lumbar 2014- Mild multilevel spondylosis without focal disc herniation, spinal stenosis, or foraminal narrowing.; MRI Right Shoulder 2011- Complete or near complete tear of distal supraspinatus tendon.; Pain; Pain Details: ; There has been treatment or conservative therapy.; Review of Systems; Constitutional Symptoms: Denies having fever. Denies feeling fatigued. Patient denies gaining weight recently. She; denies loss of weight recently. She denies of poor appetite. She denies of difficulty in sleep.; HEENT: Denies ringing i; Treatment History: Professional caregivers seen in the past include family physician, physical therapist and; chiropractor. The following tests have been done in the past: MRI scan or CT scan and X-rays . She has tried NSAIDsibuprofen,; aleve, tylenol, sp	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O DISC RELATED PATHOLOGY.; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; chronic radiating pain; nsaid, pain medication and home exercise	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Reports frequency of her pain as constant with intermittent flare ups. She describes the quality of pain as aching, burning, cramping, deep, dull, numbness, pins and needle, sharp, shooting, stabbing, throbbing and tingling. Pain radiates to lower back an; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Worsening factor(s) include: any increased physical activity, bending, coughing, cold and rainy weather, house chores, lifting, lying flat on back, lying flat on stomach, sitting, standing and walking Alleviating factors include exercise, hot Packs, massa; Professional caregivers seen in the past include family physician, physical therapist, chiropractor and general surgeon. The following tests have been done in the past: MRI scan or CT scan, X-rays, EEG, EKG and ultrasound . She has tried NSAIDs- ibuprofen</p>	1
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Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Review of Systems; Constitutional Symptoms: Denies having fever. Reports feeling fatigued. Patient reports gaining weight in the; recent past. She denies loss of weight recently. She denies of poor appetite. She reports of difficulty in sleep.; HEENT: Den; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient has been experiencing this pain for Greater than 1 year. She reports onset of pain; gradually over time without significant initiating factor . The patient describes her pain as constant with intermittent flare; ups. The pain is aching, throbb; There has been treatment or conservative therapy.; The patient describes her pain as constant with intermittent flare; ups. The pain is aching, throbbing, tender, pins and needles. The pain radiates to lower back and into back sides of; both thighs, bilateral upper extremities and back of neck, shoulders ; PT and pain medication. dates of all treatments are unknown.; ; Professional caregivers seen in the past include family physician, physical therapist and; chiropractor. The following tests have been done in the past: MRI scan or CT scan . She has tried N</p>	1
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Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	S/P Lumbar epidural steroid injection. S/P SI Joint Injection. The patient complains of pain in neck and lower back. The patient has been experiencing this pain for more than 10 years. She reports onset of pain gradually over time without significant; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She is experienced these complaints for many years relating them to episodes of domestic abuse experienced in the 1980s.; There has been treatment or conservative therapy.; The patient complains of pain in neck and in lower back. The patient has been experiencing this pain for more than 10 years. She reports onset of pain gradually over time without significant initiating factor and sudden onset . The patient describes her; Exact Dates are unknown. ; Professional caregivers seen in the past include family physician, physical therapist, pain medicine physician and chiropractor. The following tests have been done in the past: X-rays . She has tried NSAIDs-ibuprofen, aleve	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	3
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; PT RECENTLY HAD KNEE SURGERY, SHOWS DEGENERATIVE DISK DISEASE IN THE LUMBER REGION, PAIN RADIATES DOWN LEFT LEG TO KNEE; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Unknown; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/1996; There has been treatment or conservative therapy.; Pt has radiculopathy down the legs and arms, parasthesia, weakness, difficulty walking; PT, chiropractic, massage, injections	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Greater than 6 months; There has been treatment or conservative therapy.; Neck pain, lower back pain, bilateral leg pain.; Patient has had pain management procedures: lumbar radiofrequency and bilateral SI joint injections. Also has been treated with medications.	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.; Patient is having pain and numbness; Physical Therapy and Medication	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 6 months ago; There has been treatment or conservative therapy.; lower back pain, numbness, tingling, burning,; home therapy and medication	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; There has been treatment or conservative therapy.; PAIN IN NECK, SHOULDER AND BACK; MEDS	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN BACK THAT GOES INTO HIPS; MEDICATIONS, INJECTIONS, PT, IMAGING, SURGERY.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN BACK; MEDS, INJECTIONS	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK THAT RADIATES INTO THE BACK AND HIPS, CONSTANT SHARP PAIN IN THE BACK, NUMBNESS AND TINGLING DOWN LEFT LEG. PAIN IN BACK FROM FRACTURED BACK AND MULTIPLE SURGERIES.; SURGERY TO THE THORACIC BACKX4 RESULTING IN RODS AND SCREWS IN HIS BACK, PT, MEDICATION	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	General: The patient is well developed and well-nourished. She is alert and oriented. She is in no acute distress. She has good hygiene; Eyes: Pupils are equal, round and reactive to light and accommodation. There is no corneal abrasion noted. Sclera; a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient reports of pain in her right side of her low back that radiates down her right leg. She also reports of numbness; and tingling in her right leg.; Again, reviewed with her history of systemic MRSA infection. Reviewed with her results of her most re; There has been treatment or conservative therapy.; However she continues to note only partial control of her comorbid chronic pain.; Patient reports of pain in her right side of her low back that radiates down her right leg. She also reports of numbness; and tingling in her right leg.; Current Medication; oxycodone; nortriptyline; Cymbalta; oxycodone 15 mg tablet 1 Tablet Every 6 Hours PRN for 30 Days , Prescribe 120 Tablet; Suboxone 8 mg-2 mg sublingual film 1 Unit Three times a Day for 7 Days , Prescribe 24 Film	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MDO is wanting to confirm if there is any injury to the spine area.; This study is being ordered for trauma or injury.; 12/30/16; There has been treatment or conservative therapy.; Pt is hurting in her upper and lower back, hump over walk due to the pain, tenderness to palpitations from t-spine to l-spine; pain medication	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Worsening factor(s) include: sitting, lifting, bending, looking up and looking down turning head from side to side. Alleviating factors include rest, medications, standing and walking. Other associated symptoms/problems include but not limited to: difficu	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically			3
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.		1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.		1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.		1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above		1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/01/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; SHEP		1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >;Jan of 2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; chronic back and neck pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; Meds, and at home exercise		1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.; Patient is having pain and numbness; Physical Therapy and Medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 6 months ago; There has been treatment or conservative therapy.; lower back pain, numbness, tingling, burning.; home therapy and medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain.; pt	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; involuntary movements, numbness and tremors.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Joint abnormality reported. Reports limitation of joint movement. Reports muscle pain, muscle cramp, muscle twitches, muscle wasting, muscle weakness, muscle pain or tenderness, loss of muscle bulk, back pain, joint pain, joint stiffness, joint swelling,	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-17-16; There has been treatment or conservative therapy.; There is tenderness noted at paraspinal muscles and facet joint lines. Range of motion of the thoracic spine is restricted with flexion and restricted with extension.; diclofenac sodium and hydrocodone-acetaminophen	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2009; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; There has been treatment or conservative therapy.; PAIN IN NECK, SHOULDER AND BACK; MEDS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; PAN IN NECK AND BACK; MEDS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN BACK THAT GOES INTO HIPS; MEDICATIONS, INJECTIONS, PT, IMAGING, SURGERY.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN BACK; MEDS, INJECTIONS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS, PT, SURGERY	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK, SHOULDER AND BACK; MEDS	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 5 yrs ago; There has been treatment or conservative therapy.; pain; meds pt	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2007; There has been treatment or conservative therapy.; PAIN IN SHOULDER AND BACK; SHOULDER-PT AND MEDS; BACK-MEDS, SURGERY AND PT	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	56 years old Caucasian female presenting with ongoing low back pain, secondary to lumbar spondylosis, she states PT provided minimal relief. This pain has been ongoing for more than a year.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate increase of lumbar pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lower extremity weakness, bilateral facets, flexion on bending causing pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	General: The patient is well developed and well-nourished. She is alert and oriented. She is in no acute distress. She has good hygiene; Eyes: Pupils are equal, round and reactive to light and accommodation. There is no corneal abrasion noted. Sclera; a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient reports of pain in her right side of her low back that radiates down her right leg. She also reports of numbness; and tingling in her right leg.; Again, reviewed with her history of systemic MRSA infection. Reviewed with her results of her most re; There has been treatment or conservative therapy.; However she continues to note only partial control of her comorbid chronic pain.; Patient reports of pain in her right side of her low back that radiates down her right leg. She also reports of numbness; and tingling in her right leg.; Current Medication; oxycodone; nortriptyline; Cymbalta; oxycodone 15 mg tablet 1 Tablet Every 6 Hours PRN for 30 Days , Prescribe 120 Tablet; Suboxone 8 mg-2 mg sublingual film 1 Unit Three times a Day for 7 Days , Prescribe 24 Film	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He has continued low back pain. His lumbar mri auth has expired.; He has been having worsening pain in the neck and down the right arm; ; ttp over the lower back; + facet joint loading, + facet joint ttp bilaterally; We will like to check an MRI of the lu; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; He has continued low back pain. His lumbar mri auth has expired.; He has been having worsening pain in the neck and down the right arm.; There has been treatment or conservative therapy.; He has continued low back pain. His lumbar mri auth has expired.; He has been having worsening pain in the neck and down the right arm; Previous PT: did not help	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He reports onset of pain gradual. Reports frequency of his pain as constant with intermittent flare ups. He describes the quality of pain as aching, burning, deep and pressure. Pain radiates to lower extremities and feet. He reports severity of pain on nu; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LESI's that he was unresponsive to; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Low back pain going down both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MDO is wanting to confirm if there is any injury to the spine area.; This study is being ordered for trauma or injury.; 12/30/16; There has been treatment or conservative therapy.; Pt is hurting in her upper and lower back, hump over walk due to the pain, tenderness to palpitations from t-spine to l-spine; pain medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness on the right extremity upper and lower.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Only radiographic study has been plain films of the lumbar spine noting no obvious acute process.; Discussed with patient further evaluation including MRIs both lumbar and cervical spine. Discussed initiating a trial of physical therapy. .; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-6 months ago; There has been treatment or conservative therapy.; He presents with a complaint of neck pain radiating to both shoulders and low back pain which is primarily axial in distribution. Patient notes the problems with neck and back is related to a diagnosis of scoliosis that he received about 12 years old. H; Plan: Consult Dr. Dyer/ Hep C; Schedule MRI Lumbar Spine/Cervical; Consult Physical Therapy; meloxicam 15 mg qd; trial tizanidine 4mg QHs; trial oxycodone/apap 7.5/325mg 3/day	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain; Pain Details: S/P Lumbar medial branch block. The patient complains of pain in lower back and in shoulder. The patient has been experiencing this pain for more than 10 years. She reports onset of pain while lifting weight . The patient describes h; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Previous Imaging Reviewed: MRI Lumbar 2014- Mild multilevel spondylosis without focal disc herniation, spinal stenosis, or foraminal narrowing.; MRI Right Shoulder 2011- Complete or near complete tear of distal supraspinatus tendon.; Pain; Pain Details: ; There has been treatment or conservative therapy.; Review of Systems; Constitutional Symptoms: Denies having fever. Denies feeling fatigued. Patient denies gaining weight recently. She denies loss of weight recently. She denies of poor appetite. She denies of difficulty in sleep.; HEENT: Denies ringing i; Treatment History: Professional caregivers seen in the past include family physician, physical therapist and; chiropractor. The following tests have been done in the past: MRI scan or CT scan and X-rays . She has tried NSAIDsibuprofen, aleve, tylenol, sp	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. There is pain noted over the lumbar intervertebral spaces (discs) on palpation.ROM of lumbar spine is noted to be Limited and Painful (Including extension, lateral flexion).The; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having lower back pain that will at times radiate into his lower extremities. Patient requests to now; resume a prior evaluation and treatment of his low back pain with lower extremity radiculopathy.; Reviewed with the patient results of ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has lumbar axial back pain with radiculopathy in left lower extremity. Numbness and tingling. Positive straight leg test. patient is on a pain medication as well as anti inflammatories and muscle relaxers. MRI because patient may have left selecte; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O DISC RELATED PATHOLOGY.; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; chronic radiating pain; nsaid, pain medication and home exercise	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Reports frequency of her pain as constant with intermittent flare ups. She describes the quality of pain as aching, burning, cramping, deep, dull, numbness, pins and needle, sharp, shooting, stabbing, throbbing and tingling. Pain radiates to lower back an; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Worsening factor(s) include: any increased physical activity, bending, coughing, cold and rainy weather, house chores, lifting, lying flat on back, lying flat on stomach, sitting, standing and walking Alleviating factors include exercise, hot Packs, massa; Professional caregivers seen in the past include family physician, physical therapist, chiropractor and general surgeon. The following tests have been done in the past: MRI scan or CT scan, X-rays, EEG, EKG and ultrasound . She has tried NSAIDs- ibuprofen</p>	1
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Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Review of Systems; Constitutional Symptoms: Denies having fever. Reports feeling fatigued. Patient reports gaining weight in the; recent past. She denies loss of weight recently. She denies of poor appetite. She reports of difficulty in sleep.; HEENT: Den; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient has been experiencing this pain for Greater than 1 year. She reports onset of pain; gradually over time without significant initiating factor . The patient describes her pain as constant with intermittent flare; ups. The pain is aching, throbb; There has been treatment or conservative therapy.; The patient describes her pain as constant with intermittent flare; ups. The pain is aching, throbbing, tender, pins and needles. The pain radiates to lower back and into back sides of; both thighs, bilateral upper extremities and back of neck, shoulders ; PT and pain medication. dates of all treatments are unknown.; ; Professional caregivers seen in the past include family physician, physical therapist and; chiropractor. The following tests have been done in the past: MRI scan or CT scan . She has tried N</p>	1
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Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>S/P Lumbar epidural steroid injection. S/P SI Joint Injection. The patient complains of pain in neck and in lower back. The patient has been experiencing this pain for more than 10 years. She reports onset of pain gradually over time without significant; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She is experienced these complaints for many years relating them to episodes of domestic abuse experienced in the 1980s.; There has been treatment or conservative therapy.; The patient complains of pain in neck and in lower back. The patient has been experiencing this pain for more than 10 years. She reports onset of pain gradually over time without significant initiating factor and sudden onset . The patient describes her; Exact Dates are unknown. ; Professional caregivers seen in the past include family physician, physical therapist, pain medicine physician and chiropractor. The following tests have been done in the past: X-rays . She has tried NSAIDs-ibuprofen, aleva</p> <p>She reports severity of pain on numerical reporting scale, at its worse is 10/10, least is 8/10, on an average 10/10, and right now it is 8/10. Worsening factor(s) include: any increased physical activity, bending, cold and rainy weather, lifting, pressure; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>The pain radiates to the back and left hip. Reports limitation of joint movement.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle weakness, muscle pain and tenderness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>The pain radiates to the back and left hip. Reports limitation of joint movement.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle weakness, muscle pain and tenderness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.</p>	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed conservative treatment which includes activity modifications, physical/home exercise therapy, NSAIDs and opioid medication therapy. MRI lumbosacral spine is being requested to further evaluate the patient's persistent pain and sym; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; NSAIDS-ibuprofen,aleve,tylenol,sports creams,soma,robaxin,flexeril, valium,baclofen,neurontin,lyrica,topamax,amitriptyline,wellbutrin,zoloft,paxil,cymbalta,ultram,hydrocodone,oxycodone,oxyconton, and morphine. Also,heat, massage,surgery, and tens.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	5
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/1996; There has been treatment or conservative therapy.; Pt has radiculopathy down the legs and arms, parasthesia, weakness, difficulty walking; PT, chiropractic, massage, injections	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Greater than 6 months; There has been treatment or conservative therapy.; Neck pain, lower back pain, bilateral leg pain.; Patient has had pain management procedures: lumbar radiofrequency and bilateral SI joint injections. Also has been treated with medications.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 8 years ago; There has been treatment or conservative therapy.; patient is having numbness in the legs and lost of motion and swelling; patient has had injections shot the the spine and physical therapy	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN BACK THAT GOES INTO HIPS; MEDICATIONS, INJECTIONS, PT, IMAGING, SURGERY.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2005; There has been treatment or conservative therapy.; Radiculopathy, pain,; surgery, PT, inseds,	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 8 years ago; There has been treatment or conservative therapy.; patient is having numbness in the legs and lost of motion and swelling; patient has had injections shot the the spine and physical therapy	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; There has been treatment or conservative therapy.; PAIN IN NECK, SHOULDER AND BACK; MEDS	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK, SHOULDER AND BACK; MEDS	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2007; There has been treatment or conservative therapy.; PAIN IN SHOULDER AND BACK; SHOULDER-PT AND MEDS BACK-MEDS, SURGERY AND PT	1
Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Diagnostic Tests: ORDERING CT SCAN OF L-SPINE AND C-SPINE FOR CHRONIC PAIN AND R/O DISC RELATED PAIN. ALSO GETTING CT SCAN OF LEFT HIP.; This study is being ordered for a neurological disorder.; 09/13/2016; There has been treatment or conservative therapy.; Location of Pain: Neck pain & lower back pain, both in the center and on sides and chronic left hip pain s/p fractured and surgery; nsaid, pain medications and home exercise program	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; PAIN IN BACK AND KNEE; MEDS	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; PAIN IN KNEES; MEDICATION	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	bilateral hip pain, pain has become progressive over the past 3-4 months.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/10/2010; There has been treatment or conservative therapy.; bilateral hip pain; inflammatory meds, pain meds, warm compress none; This study is being ordered for a neurological disorder.; 8/21/16; It is not known if there has been any treatment or conservative therapy.; dizziness, has had a stroke, left sided residual from stroke	2
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; one; There has not been any treatment or conservative therapy.; abnormal ultrasound and TIA with SOB	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		Yes, this is a request for CT Angiography of the Neck.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		none; This study is being ordered for a neurological disorder.; 8/21/16; It is not known if there has been any treatment or conservative therapy.; dizziness, has had a stroke, left sided residual from stroke	1
Approval	71250 CT CHEST, THORAX		"The ordering physician is a surgeon, pulmonologist, or cardiologist.;" A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1
Approval	71250 CT CHEST, THORAX		"The ordering physician is a surgeon, pulmonologist, or cardiologist.;" A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	2
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus. EXAM: CT ANGIOGRAM ABDOMEN PELVIS W WO CONTRAST  COMPARISON: None  FINDINGS: There is calcified and noncalcified plaque throughout the arterial system. The celiac, SMA, and single bilateral renal arteries are widely patent. There is mild ectasia of ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/2015; There has not been any treatment or conservative therapy.; AAA	2
Approval	71250 CT CHEST, THORAX	The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	The request is for a chest, thoracic or sterno-clavicular joint CT.; "There is not a nodule,coin lesion or other lung mass.cxct"; This examination is not being ordered for persistent lung infiltrate or pneumonia.; This study is not being requested prior to surgery or as part of lung biopsy.; "There is suspicion of tumor, neoplasm, or metastatic disease.cxct"; Yes this is a request for a Diagnostic CT	2
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/16/2015; There has not been any treatment or conservative therapy.; unruptured thoracic ascending aortic aneurysm sob	1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	6 month follow-up thoracic aortic surveillance. Last CTA   Impression: 1. Ascending thoracic aortic aneurysm, measuring 4.1 cm in diameter. It measures 2.4 cm at the origin of the brachiocephalic artery and 2.6 cm in the descending aorta. 2. Nodular; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	chest pain, shortness of breath; This study is being ordered for Vascular Disease.; July 2016; There has not been any treatment or conservative therapy.; Chest pain First seen by mdo in 11/2016; This study is being ordered for Vascular Disease.; Aortic valve replacement 12/1/2016; There has been treatment or conservative therapy.;	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Severe cp radiating to both arms and Lt left; some epigastric discomfort; Aortic valve replacement	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	follow up for endovascular repair. Thoracic aortic aneurysm. DOS 1/13/2016.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Has ascending aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Swelling and chest pain.; This study is being ordered for Vascular Disease.; 04/04/2016; There has been treatment or conservative therapy.; size of the aneurysm to be 4.4 cm. Echo in May showed the aortic valve to be tri leaflet with mild regurgitation.; mointoring of AAA size and diamaiter	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	4
Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	descending thoracic aortic anuerysm; This is a request for an MR Angiogram of the chest or thorax	1

Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	First seen by mdo in 11/2016; This study is being ordered for Vascular Disease.; Aortic valve replacement 12/1/2016; There has been treatment or conservative therapy.; Severe cp radiating to both arms and Lt left; some epigastric discomfort; Aortic valve replacement	1
Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Yes, this is a request for CT Angiography of the upper extremity.	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/16/2015; There has not been any treatment or conservative therapy.; unruptured thoracic ascending aortic aneurysm sob	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	chest pain, shortness of breath; This study is being ordered for Vascular Disease.; July 2016; There has not been any treatment or conservative therapy.; Chest pain EXAM: CT ANGIOGRAM ABDOMEN PELVIS W WO CONTRAST  COMPARISON: None  FINDINGS: There is calcified and noncalcified plaque throughout the arterial system. The celiac, SMA, and single bilateral renal arteries are widely patent. There is mild ectasia of ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/2015; There has not been any treatment or conservative therapy.; AAA	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Swelling and chest pain.; This study is being ordered for Vascular Disease.; 04/04/2016; There has been treatment or conservative therapy.; size of the aneurysm to be 4.4 cm. Echo in May showed the aortic valve to be tri leaflet with mild regurgitation.; mointoring of AAA size and diamaiter	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	7
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Right upper quadrant pain; Yes this is a request for a Diagnostic CT	1
Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This is a request for a MR Angiogram of the abdomen.	1
Approval	75572 CT Heart	This is a request for a Heart CT.	1
Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	First seen by mdo in 11/2016; This study is being ordered for Vascular Disease.; Aortic valve replacement 12/1/2016; There has been treatment or conservative therapy.; Severe cp radiating to both arms and Lt left; some epigastric discomfort; Aortic valve replacement	1

Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; one; There has not been any treatment or conservative therapy.; abnormal ultrasound and TIA with SOB	1
Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	4
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; one; There has not been any treatment or conservative therapy.; abnormal ultrasound and TIA with SOB	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pre Operative clearance; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt had cp with shortness of breath relieved by nitro. pt had t wave inversions on todays ekg in clinic. strong family history, uncle died of MI, maternal& paternal grandfathers had MI's in the their 30s.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	SCHEDULED FOR A PORTACATH. NEED TO ENSURE NO HEART ISSUES PRIOR TO THIS.; This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	3 mo f/u for 11/2016 ct; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PT had a CT on 8/16 that showed nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yearly follow-up; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1
Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	This study is being ordered for vascular disease.; "The ordering physician is a surgeon, pulmonologist, or cardiologist."; This is a request for a chest MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1

Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Approval	70450 CT BRAIN, HEAD			1
Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD		headache frequently; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD		Mr. Castro comes in today to establish care with us. He denies any previous cardiac evaluation. Significant family history for MI. He does have occasional numbness in his left arm and leg. He states it happens about once a week. No precipitating factors o; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; it is unknown why an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD		No angina...no syncope....lost vision yesterday...90 minutes, and recovered.....and last week had headache; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD		Patient having equilibrium problems since stent. Feels like he is "leaning to one side". Wants to know if Dr. Ribeiro thinks there is anything wrong. Discussed with Dr. Ribeiro. CT Head without contrast; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; There is another reason why an MRI is not being considered; Patient having equilibrium problems since stent. Feels like he is "leaning to one side". Wants to know if Dr. Ribeiro thinks there is anything wrong. Discussed with Dr. Ribeiro. CT Head without contrast	1
Approval	70450 CT BRAIN, HEAD		Reason for Appointment  1. Hypertension    History of Present Illness  HPI:  Mr. Moore is a new patient here for evaluation of hypertension. He says when his BP is elevated, he gets blurred vision. He has also had left arm and facial numb; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2

Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2/2016; There has been treatment or conservative therapy.; mbr has carotid stenosis and dizziness; medications	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2/2016; There has been treatment or conservative therapy.; mbr has carotid stenosis and dizziness; medications	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	13
Approval	70544 Mr angiography head w/o dye	UNKNOWN; This study is being ordered for trauma or injury.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN, SHORTNESS OF BREATH, TINGLING	1
Approval	70547 Mr angiography neck w/o dye	UNKNOWN; This study is being ordered for trauma or injury.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN, SHORTNESS OF BREATH, TINGLING	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MOUTH DROP AND TINGLING OF LEFT FACE SIDE.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This study is being ordered for trauma or injury.; UNKNOWN; There has not been any treatment or conservative therapy.;	1
Approval	71250 CT CHEST, THORAX	CHEST PAIN, SHORTNESS OF BREATH, TINGLING	3
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	3
Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	4
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	5

Approval	71250 CT CHEST, THORAX	ANNUAL CHECK ON THORACIC AORTIC ANEURYSM; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT DATE: 1/27/2017  PATIENT: Killackey, Holly  MRN: 1041569 DATE OF BIRTH: 2/9/82   STUDY: CORONARY ARTERY CALCIUM SCORE  INDICATION: 34 yr old wom; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Found pulmonary nodule on CT scan 12/15/15.....Continuing to monitor.....; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Lung nodule seen on a CTA AFRO.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass. Ms. Carr is an established patient of mine s/p AVR repair in September and then reop in October. She was scheduled with her oncologist Dr. Raja for a follow-up and on assessment Dr. Raja noted some purulent drainage from sternal wound. She denies fever, ch; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	patient has complaints of DOE, CP and palpitations. She also complains of decreased exercise intolerance, and fatigue.; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	pt is being evaluated for a heart transplant; This study is being ordered for Vascular Disease.; 1/30/17; It is not known if there has been any treatment or conservative therapy.;	1

Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; calcified mediastinal lymph nodes and a calcified granuloma in the left lower lobe by CT in December; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.";	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.";	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has not been any treatment or conservative therapy.; Grade 3 Aortic Insufficiency 4.73 cm enlarged Aortic Root Enlarged Ascending Aorta and Aneurysms 5.2 cm Enlarged significantly over past 6 months	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Abnormal stress echo results.;	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	2
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is no other type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether this is an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1. Chest Pain  44 year old male here for a 2 mo return visit. He has history of hyperlipidemia, family history significant for premature coronary artery disease. CTA measured ascending aorta to 4.4cm. He is established with CV surgery, who follows his ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	abdominal aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Ascending aorta measuring 4.3cm by echocardiogram, hypertension; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. Danny returns for f/u of CAD and thoracic aortic aneurysm. He denies angina or exertional limitations. Tolerating meds; Follow up of known thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	F/U for this 45-year-old gentleman. His cardiac catheterization revealed normal coronary arteries and renal arteriogram revealed normal renal arteries. His blood pressure precipitously came down with minoxidil. His girlfriend states that he became lethargic; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	HISTORY OF PRESENT ILLNESS; Cathy is followed for coarctation of the aorta previously surgically repaired. She is on the medications listed. She has occasional chest discomfort, often in her back. She feels a little short of breath on exertion. Overall; 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.; It is not known whether there is physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. Atrial Fibrillation &#x0D; 2. BSC DC PPM &#x0D; 3. Chest Pain &#x0D; 4. Syncope &#x0D; &#x0D; Mr. Byrd is a 59 year old white male here today for 6 month return appointment. Patient has a history of sick sinus syndrome status post Boston Scientific dual chamber pacemaker i; There has been treatment or conservative therapy.; The patient is extremely symptomatic with his a-fib. He has had near syncopal spells. complaints of chest pain that he states is in the middle of his chest that feels like a burn and mild pressure and makes him feel like he is going to pass out that last; status post Boston Scientific dual chamber pacemaker implanted 3/30/15 by Dr. Nair with RV lead revision on 3/31/15. History of atrial fibrillation on Amiodarone and Eliquis. He has a very high CHA2DS2VASC score and is on anticoagulation for stroke preven</p> <p>None; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.</p>	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>Patent stent and nonobstructive CAD on recent cath at the hospital for possible unstable angina. Echo showed dilated ascending aorta. He denies angina or exertional limitations. Occasional episodes of brief muscular pain. Imdur has helped with his chest p; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; It is not known whether there is 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.</p> <p>Patient has history of paroxysmal atrial fibrillation which has recently become persistent. Her echocardiogram showed normal left ventricular systolic function, moderately dilated left atrium with left atrial diameter 4.7 cm. She failed 120 mg of sotalol ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.</p> <p>Pre-EPS/Ablation; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.</p>	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>Pre-EPS/Ablation; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.</p>	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>Pre-EPS/Ablation; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.</p>	1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Pt here for followup of afib and bradycardia on sotalol and xarelto therapy. He denies any chest pain. He denies any syncope. He has been feeling well. He comes in today for further evaluation.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Pt is here for follow up on paroxysmal to persistent atrial fibrillation with device check. In AF today. He was scheduled for PVI but cancelled. Breakthrough despite Tikosyn.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Pt with worsening exertional SOB and chest pain lower mid sternal area. Hx of CAD. Hx of Ascending aortic aneurysm last evaluated 4/25/16 showing aneurysm to be 4.1 cm. Due to progressing symptoms physician recommends CTA chest to assess.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Pulmonary Vein Ablation with A-FIB.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Pulmonary Vein Ablation.; Pulmonary Vein Mapping; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Recent CP eval in the AHH ER with normal stress test and echo. CXR at BMC conway showed density in the thoracic aorta and CT recommended. Feeling well since discharge.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	34
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Thoracic aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	wuill FAX; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is no other type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	In August of 2014, patient had a 5.1cm Aortic Aneurysm.; This is a request for an MR Angiogram of the chest or thorax	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	bulging disk and spine pain; This study is being ordered for trauma or injury.; 03/13/2017; There has not been any treatment or conservative therapy.; leg numbness, back pain, shooting pain,	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	bulging disk and spine pain; This study is being ordered for trauma or injury.; 03/13/2017; There has not been any treatment or conservative therapy.; leg numbness, back pain, shooting pain,	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	bulging disk and spine pain; This study is being ordered for trauma or injury.; 03/13/2017; There has not been any treatment or conservative therapy.; leg numbness, back pain, shooting pain,	1
Approval	73200 CT ARM OR UPPER		1
Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Yes, this is a request for CT Angiography of the upper extremity.	1
Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	He presents today with complaints of chest pain on a daily basis that he reports varies between sharp and dull. It will radiate down his left arm and up his neck. He reports associated symptoms of dizziness and SOB and states he will take nitro at times w; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; The hematuria is newly diagnosed.; Yes this is a request for a Diagnostic CT	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Ms Smith is a 53y/o WF with a long history of tobacco abuse and emphysema, hep C, RA, and hypothyroid here today as a referral from Dr Seeme for complaints of chest pain. She states last monday she presented to Morrilton ER with complaints of chest pressu; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Chest pain left arm pain intermittent SSCP Intermittent claudication in her legs	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	8
Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has not been any treatment or conservative therapy.; Grade 3 Aortic Insufficiency 4.73 cm enlarged Aortic Root Enlarged Ascending Aorta and Aneurysms 5.2 cm Enlarged significantly over past 6 months	1
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	14
Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt is being evaluated for a heart transplant; This study is being ordered for Vascular Disease.; 1/30/17; It is not known if there has been any treatment or conservative therapy.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; unknown	1

Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This is a request for a MR Angiogram of the abdomen. ; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Pericarditis inflammation around the heart sac; medications	2
Approval	75557 Cardiac MRI Morph & structure w/o contrast		1
Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	17
Approval	75571 Coronary Artery Calcium Score, EBCT	hypertension; This is a request for a CT scan for evaluation of coronary calcification.	1
Approval	75572 CT Heart	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. Atrial Fibrillation  2. BSC DC PPM  3. Chest Pain  4. Syncope   Mr. Byrd is a 59 year old white male here today for 6 month return appointment. Patient has a history of sick sinus syndrome status post Boston Scientific dual chamber pacemaker i; There has been treatment or conservative therapy.; The patient is extremely symptomatic with his a-fib. He has had near syncopal spells. complaints of chest pain that he states is in the middle of his chest that feels like a burn and mild pressure and makes him feel like he is going to pass out that last; status post Boston Scientific dual chamber pacemaker implanted 3/30/15 by Dr. Nair with RV lead revision on 3/31/15. History of atrial fibrillation on Amiodarone and Eliquis. He has a very high CHA2DS2VASC score and is on anticoagulation for stroke preven	1
Approval	75572 CT Heart	This is a request for a Heart CT.	17
Approval	75573 CT Heart Congenital Study	This is a request for Heart CT Congenital Studies.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for CTA Coronary Arteries.; The patient 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.	3
Approval	75574 CT Angiography Heart coronary arteries, CCTA	; 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 not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA		1

Approval	75574 CT Angiography Heart coronary arteries, CCTA	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Abnormal stress echo results.;	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	Chest Pain that last 10 hours.; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	Chest Pain, Dyspnea; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	Patient has been to the emergency room multiple times for chest pain. Patient was referred to cardiology for stress echocardiogram testing. Test was negative but chest pain was provoked during treadmill portion of test. Patient has a history of hypertensi; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Pt is here to establish care. Pt states she was recently in the hospital for Afib & they made this appointment for her. Pt states she sometimes feels like she can't take a deep breath & also complains of fatigue. Pt complains of palpitations and a "hard p; Yes, there is Chronic Chest Pain.	1

Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; pt with continued chest pain, hypertension, obesity, and shortness of breath; Yes, there is Chronic Chest Pain.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Reason for Appointment  1. Palpitations  2. Atrial Fibrillation    History of Present Illness  HPI:  Pt is here to establish care. Pt was in the hospital 2 weeks ago with Afib at APMC and had to be converted back to sinus rhythm. Pt state; Yes, there is Chronic Chest Pain.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ; Yes, there is Chronic Chest Pain.	6
Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; 1. Abnormal MPI  Mr. Gray is a 64 yo male with no prior history of cad. History of IDDM recently started on insulin, hypertension, 2 ppd smoker and strong family history of cad with multiple family members undergoing CABG or stenting in their 50-60's.; Yes, there is Chronic Chest Pain.	1

Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Mr. Jones is a new patient here for cardiac evaluation. He was hospitalized at Saline Memorial on January 4th for chest pain and released the next day. He says he was told he had high cholesterol and blood pressure and he says he wanted a second opinion. ; Yes, there is Chronic Chest Pain.</p>	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient referred to cardiology by the emergency room for chest pain/chest discomfort. Patient has had two previous negative stress test. Patient has good history of exercise tolerance but continues to have chest pain despite negative stress testing with n; Yes, there is Chronic Chest Pain.</p>	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient with chest pain/pressure and shortness of breath. RSE performed. Exercise stress test negative for ischemia based on ECG criteria. Chest pain was provoked during stress test. Serial ECG's done during stress & during recovery showed no significant ; Yes, there is Chronic Chest Pain.</p>	1

Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; PLAN 1. Mr. Mabray has some symptoms that are, in many respects, very worrisome for angina. However, they seem to have improved as well. 2. We will perform an ischemic evaluation at this time with a coronary CT angiogram. This will allow us to hopef; Yes, there is Chronic Chest Pain.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Pt complains of cp and tightness with being easily fatigues and also has palpitations On Rest Stress Echo she complained of pressure like cp. No significant ST changes on ecg during stress or recovery. Exercise stress Echo is ambiguous for ischemia due; Yes, there is Chronic Chest Pain.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; pt having severe chest pain with no known CAD.; Yes, there is Chronic Chest Pain.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Unknown.; Yes, there is Chronic Chest Pain.	2
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1

Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; ABN. Stress TEst	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; Shortness of Breath with chest pain.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; None of the above.; Patient denies palpitations, dizziness, syncope, near syncope, chest pain, orthopnea, leg pain, edema.  Mrs Malchaski is a 30 yo wmn wth congenital aortic stenosis. The last time she was seen by a cardiologist was three years ago She stays	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a noncardiac surgical procedure.; none	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterpretable cardiac imaging .; ; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	4
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterpretable cardiac imaging .; Has hypertension and hyperlipidemia. Complains of intermittent chest pain with and without exertion. Underwent stress echo which did not show any acute EKG changes, but her LV function did not recover appropriately. Need to evaluate further for any si; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterpretable cardiac imaging .; On outpatient echo stress test patient was positive for ischemia involving left anterior descending; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; Yes, patient has new onset congestive heart failure.; <Additional Clinical Information>	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.;	2

Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; None	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Patient experienced chest pain while performing the stress test.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; pt has DM, high risk of CAD, silent ischemia. Order CTA Coronaries for chest pain and h/o borderline MPI. 1. sob 	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a 58-year-old male here for 15 mo return visit, previously seen by dr Martinez. PMH of tobacco abuse, COPD, and type 2 diabetes. Ec	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; unknown	2
Approval	75574 CT Angiography Heart coronary arteries, CCTA	worsening shortness of breath and chest pain, abnormal stress echo, arteriosclerosis of extremity with rest pain, hypertension, congestive heart failure, lower extremity edema, hypercholesterolemia, abdominal/carotid bruit.; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		1
Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Ms Smith is a 53y/o WF with a long history of tobacco abuse and emphysema, hep C, RA, and hypothyroid here today as a referral from Dr Seeme for complaints of chest pain. She states last monday she presented to Morrilton ER with complaints of chest pressu; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Chest pain left arm pain intermittent SSCP Intermittent claudication in her legs	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Yes, this is a request for CT Angiography of the abdominal arteries.	72
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		26

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient is diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	5
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	14
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	8
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; It is not known if the patient has had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	3

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	19
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-2016; There has not been any treatment or conservative therapy.; palpitations, dizziness, chest pain, SOB, abnormal ekg	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7-8-2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATION	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Jan 18, 2017; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath, diaphoresis . Morbidly obese. Had abnormal EKG, family history of CAD.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; The patient has had a cardiology study in the past 3 years.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	4
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	20
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; The patient has not had a cardiology study in the past 3 years.; No other testing was completed more than 3 years ago.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	6
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	5
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	8
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	46

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; It is not known if the patient had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	3
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	01. Angina, class III (I20.9): Recurrent. Assoc with doe. Lexiscan MPI to be done first available. Pt unable to walk on treadmill due to leg, knee & back pain. ADD ASA 81mg q day. Reluctant to add BB at this time due to h/o low HR. 02. DOE (dyspnea o; This study is being ordered for Vascular Disease.; 08/04/2016; There has been treatment or conservative therapy.; CHIEF COMPLAINT: Chest Pain , Dyspnea , dizziness; 1. Chest Pain  The patient complains of chest discomfort. The discomfort is located in the substernal area. The patient describes the pain as dull and aching. Patient was scheduled for an echo and NSC last September, but she cancelled the appointments a	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1. chest pain  2. palpitations  3. hyperetnsion  Mrs Hall is a 39 year old white female here for New patient evaluation with no known hx of CAD. She has a hx of Glaucoma and hypertension. She was seen with PCP for palptiations that occur at rest and; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1. Chest Pain  61 yo male here for new pt visit. PMH of syncope back in 2011. Has c/o left sided chest pain in recent past. Pt presents today with c/o occasional leftsided sharp pains and tightness in chest that lasts about 10 min and ongoing for 6 mo. ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1. hypertension  2. cad  Mr. Kain is a 61 year old white male here for a return appointment. He has history of SSS status post Boston Single Chamber Pacemaker that was implanted on April 6 2016 for av synchrony by Dr. Nair. Device is followed by Lati; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	12/22/2015; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	34-year-old white female who over the last 3-4 months has been experiencing episodes of pressure-like, tightness type of chest discomfort located to mid precordium, nonradiating, associated with dyspnea, happening in a random fashion, no identifiable prec; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	41-year-old gentleman with:  Chronic systolic congestive heart failure, ejection fraction normalized from 25% to 55%, NYHA class II symptoms He has a history of coronary artery disease status post myocardial infarction and percutaneous coronary interve; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	44 yr old with chest pain on exertion and heavy smoker.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	50 y.o. male with h/o HLD and HTN here for  For the past several months he c/o SOB. moderate to severe. Worse with exertion (NYHA III). Sometimes associated with chest pain. Fluctuates but overall getting worse. Treated for PNA multiple times sin; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	58 y.o. male with HTN, HLD and CAD (RCA STEMI 6/2016; mLAD and OM2 Promus 9/2016) and AFib in the setting MI here for chest pain triggered by cold. For the past one week he c/o substernal burning pain with exposure to cold weather. Also worse with; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	58 year old patient presented to ER in December with left sided chest pain, states it lasted for about 2 hours, also has complaints of shortness of breath.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	63 yo male with HTN and DEM Type II, (RX Januvka and Meformin) complaining of chest pain. EKG shows anterioseptal infarction.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 46-year-old lady with a history of hypertension, hyperlipidemia, strong family history of coronary artery disease, multiple family members had very premature coronary artery disease presented to the Cardiology Clinic with complaint of dyspnea on exertio; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 54-year-old lady with a history of hypertension, untreated hyperlipidemia, family history of coronary artery disease, and history of smoking presented with typical angina like symptoms. Patient is unable to exercise because of lung disease and back inju; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 57-year-old lady with a known history of coronary artery disease and previous percutaneous transluminal coronary angioplasty stent unable to exercise because of the leg injury presented with typical angina like symptoms. At this time myocardial perfusio; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 63-year-old gentleman with a history of diabetes and hypertension presented with palpitations and chest discomfort which is poorly defined. Patient does not have a previous cardiac history. Symptoms seem to come and go.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 64-year-old gentleman with known history of coronary artery disease, previous percutaneous transluminal coronary angioplasty stent 11 years ago presented with recurrent index symptom. Also patient has a murmur; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal cardiac CT, Palpitations, sleep apnea, obesity;; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal EKG; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; x 2 weeks; It is not known if there has been any treatment or conservative therapy.; Chest Pain, shortness of Breadth.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal electrocardiogram stress test suggestive of myocardial ischemia .Hypertensive response to exercise.  Diabetes mellitus Palpitations Shortness of breath Hypertension 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 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal electrocardiogram with a borderline prolonged QT interval at 476 ms.   The patient is unable to exercise due to the shortness of breath. Would recommend avoiding any QT prolonging medication, and we will monitor his QT interval.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal Heart CT saver. HTN, Hyperlipidemia, Strong Family History CAD.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>ADMITTING DIAGNOSES: 1. Near syncope; 2. Hypertension; 3. Bradycardia; HISTORY OF PRESENT ILLNESS: Mr. Otwell has had no chest pain, no chest discomfort. He had an episode of near syncope on Thursday. His blood pressure has been running in t; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Angina and Palpitation; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>angina pectoris, arteriosclerosis of extremity with rest pain, lower extremity edema, hypertension, shortness of breath, chest pain, left arm pain, current tobacco user, family history of coronary artery disease, abnormal ecgs, tachycardia; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>angina pectoris, palpitations, essential hypertension, shortness of breath, diaphoresis. Pt here today for follow up. She has a known history of htn and lvh. Pt stated that she has been having episodes of chest tightness/heaviness with exertion. Asso; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	angina pectoris, unspecified, chronic obstructive pulmonary disease, unspecified, family history of ischemic heart disease and other diseases of the circulatory system; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina, Hyperlipdemia, HTN; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). angina, shortness of breath, dizziness, edema, hypertension, leg pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Anterior chest wall discomfort.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Anxiety GERD w/o esophagitis Fatigue Palpitations Shortness of breath: SOB/DOE Varicose veins of leg w/ pain Varicose veins of leg w/ edema Arteriosclerosis of native coronary artery w/ other form of angina pectoris Pain in right knee Insomnia ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Atypical Chest Pain and SOB; This study is being ordered for Congenital Anomaly.; Unkownn; It is not known if there has been any treatment or conservative therapy.; Chest pain, SOB	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Atypical chest pain with dyspnea on exertion, has history of CAD; 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. CAD, HTN, Fatigue; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD, Hyperlipdemia, SOB; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD,HTN; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD/Angina, HTN, Fatigue, Hyperlipidemia; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Came in today due to weakness/ numbness in both arms that is intermittent, last about 3 minutes. Numbness is equal in both arms. She doesn't "wnat to even try to grasp anything. Its like her shoulder just droop and she looses all muscle strength. No CP. N; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cardiac murmur, cp, hypertension, smoker, dyspnea; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Cardio gram is abnormal; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain and pressure, HTN, shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain and shortness of breath in this 45-year-old gentleman unable to complete the stress test which was suboptimal with adequate chronotropic response to exercise, heart rate went to 125. At this time we are going to request Cardiolute for further e; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST PAIN AND SOB WITH NO PREVIOUS HX OF CAD, PT IS DIABETIC,SMOKER, HTN, HYPERTHYROID, HYPERLIPIDEMIA; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain down left arm at times shortness with breath with at rest and with exercise edema; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain in adult (R07.9): Recurrent. Had recent normal GI work up. States cp is located in epigastric area mostly and radiates upward to substernal area. Described as sharp and worsening with walking, activity or movement. Assoc with lightheadedness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain once a week.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain with typical and atypical features  DOE Hx of CHF Preop clearance for ovarian surgery; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST PAIN, ABNORMAL EKG, HISTORY OF CHF; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, abnormal ekg; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, exertion, shortness of breath, strong family history of CAD, patient is a smoker.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, htn, obesity; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST PAIN, PERICARDITIS, LUPUS, FAMILY HX OF CAD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, pressure, SOB, hypertension; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, unspecified type, patient in emergency room. 52-year-old female presents for evaluation of 2 months of intermittent chest pain. The patient's chest pains become more frequent and longer lasting during the last week. She notes her last episode; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST PAIN; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pains, hx of stroke; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest tightness and pain uncontrolled hypertension family hx CAD dyspnea abnormal ekg; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest tightness, other chest pain, essential hypertension, heart palpitations Patient with history of hypertension, family history of early onset CAD, here for evaluation of chest discomfort. She was recently seen in emergency room about 3 weeks ago fol; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chronic combined systolic (congestive) and diastolic (congestive) heart failure Other cardiomyopathies Essential (primary) hypertension Other specified diabetes mellitus without complications Nonrheumatic mitral regurgitation: Valvular heart disease; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chronic cp; severe mitral stenosis; chest pressure; dyspnea; muscle cramps; edema; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Connie R Hill 57 y.o. female presents for follow up: Mrs. Hill is a pleasant 57-year-old woman with known coronary artery disease. She's had chest pain for at least a couple of years. Is been atypical and tends to occur at random although is a substernal; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	copd, hyperlipidemia, hypertension, cad, a fib, cp, smoker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Coronary artery disease with recurrent chest pain. Patient also needs 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 30 to 39	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	coronary artery disease with significant co-morbidities to include hypertension, hyperlipidemia and diabetes mellitus. Of which he may not have typical ischemic pain; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	coronary atherosclerosis due to calcified coronary lesion, mixed hyperlipidemia, essential hypertension, encounter for Department of Transportation (DOT) examination for driving license renewal; Pt here today for follow up. She has a known history of ht; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Cp related to the Left Arm. Patient was seen in the ER and was given nitro to relieved the cp.; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Cp, DM2, smoker, Dizziness, HTN; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CP, HTN, went to ER with SOB and Cp; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, hypertension, smoker, obesity; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, hypertension, smoker,; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, past smoker; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, smoker, obesity, abn ekg; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp,dyspnea, abn ekg; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp,sob,hty,syncope,dyslipidemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CP; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	diabetic, cp, hyperlipidemia, hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	diabetic, hypertension, cp; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea on exertion and cp; smoker; multiple CAD factors; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Dyspnea on exertion, edema of lower extremities, preoperative cardiac clearancePreoperative cardiac clearanceDyspnea on exertionLymphangitic edema of both anklesAbnormal EKGEssential hypertensionObesity white female who is physically rather limited in ter; This study is being ordered as a pre-operative evaluation.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea on exertion, type 2 diabetes; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea; This study is being ordered for Vascular Disease.; 1/17/; There has been treatment or conservative therapy.; chest pain; three vessel bypass	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Early  repolarPrecordial chest pain, dyspnea, risk factors for coronary ar32-year-old white male who over the last 6-8 weeks has been experiencing episodes of heaviness/tightness in mid precordium, radiating into his back, moderate to severe in intensity; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	ECG showed very poor R wave progression which is worrisome. He also has an inferior Q wave of unknown significance.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	EKG changed noted, indicated ischemia. Pt followed for a-fib, hypertension, and palpitations.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Encounter for preprocedural cardiovascular exam: CV risk assessment - THA; Arteriosclerosis of native coronary artery w/o angina pectoris; Mixed hyperlipidemia; Essential (primary) hypertension; Other specified diabetes mellitus without complications; Sh; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Encounter for preprocedural cardiovascular exam: CV risk assessment; GERD w/o esophagitis; Other chest pain; Male ED; Anxiety; Muscle spasm of back; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - Unknown; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	5

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - Unknown; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - Unknown; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - Unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - or Type In Mr. Douglas is here today for follow up care. He has a past medical history of chronic hypertension, chronic hyperlipidemia and chronic obesity. He reports a 1 month history of substernal chest pain described as tightness ; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - or Type In Unknown.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - Unknown.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - Unknown; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - Unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Episodes angina, precordial area, associated dyspnea, left sided numbness, relieved NTG....; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Essential (primary) hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	ETT incomplete, evaluate for CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Family hx of heart disease smoker; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	First new patient clinic visit for Ms. Eskridge, referred for syncope. She came for a visit last week but had an episode of syncope with post-syncope confusion concerning for post-ictal activity and was sent to the ER for emergent evaluation. CT head has ; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	has chest pain, SOB and Hypertension.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	has hyperlipidemia, hypertension, diabetic; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	has hypertension, hyperlipidemia, Obese; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	has SVT, hyperlipidemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 He has a carotid bruit; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; Shortness of breath, fatigue, chest pain	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	heart murmur;; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	High blood pressure Diabetic High Cholesterol; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hospital admission on 12/28/2016. He was admitted with a diagnosis of unstable angina. He ended up with two stents being placed. He was back at the er and had another heart cath; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hyperlipidemia and hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hyperlipidemia, diabetes, essential hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hyperlipidemia, hypertension, cad w bp, ventricular premature depolarization,abn ekg; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). Hyperlipidemia, unspecified; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hyperlipidemia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hypertensive heart disease is present HypercholesterolemiaHypertriglyceridemia.Normal left ventricular systolic function; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Impression: 1. Chest pain R07.9 Plan : Atypical, plan ST  2. Edema R60.9 Plan : None on exam. Check labs, echo, needs weight loss   3. Hypercholesteremia E78.00 Plan : Check lipids  Planned Diagnostic Testing: Planned Diagnostic Tes; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Impression: 1. Shortness of breath R06.02 Plan : Nuclear stress test to evaluate for ischemia. Continue daily aspirin. add Spironolactone 25 mg/d  2. Cardiomyopathy I42.9 Plan : LVEF of 20-25%. Continue Lasix add Spironolactone 25mg once dail; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	in 2016 patient attempted tmst but could not reach 85% target; hx of chest discomfort; dyspnea on exertion; abnormal ekg; hypertension; morbid obesity with BMI of 66.08; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	In ULV Function: Ejection Fraction 60 % -.  Interpretation:  1. Technically poor 2-D, M-mode, color Doppler, and tissue Doppler echo were performed.   2. The aortic root is normal .   3. The left atrium is normal: Right atrium normal .   4. Le; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	increasing dyspnea on exertion; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	known CAD patient with new complaints of chest pressure and increasing shortness of breath. has history of STEMI in 2015 with stent placement in March and another in April of that year. He is a new patient to our clinic; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Known CAD, 10 years since last Angiogram, HTN; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	known CAD, new onset chest pain with radiculopathy. shortness of breath. worse with exertion, relieved with rest. previous MI, has Rx for nitro.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Known CHS, has pace maker; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	known heart failure with known CAD and shortness of breathe; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mild bradycardia, no symptoms.  May-Thurner syndrome status post stent to the left iliac vein.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	mitral valve disorder, htn, angina, hyperlipidemia; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>moderate pulmonary hypertension; dilated left pulmonary artery; holter that demonstrated just over 1000 PVC's; chest pain at rest and with activity; Nondiagnostic stress EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p> <p>Mr Self is a 40 year old male referred for chest pain. He is in remission from methamphetamine use. He has not used it in 2 weeks. He also smokes. He was discharged today from HRMC where he presented with chest pain and markedly elevated BP. He had not us; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Mr. Chehroudi is an established patient here for a follow up appointment to review test results. His TMST in December 2016 showed equivocal findings with recommendations for MPI and to continue current medications. His echocardiogram showed EF 55 to 60% ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Mr. Dokes is referred by Dr. McDonald for evaluation of chest pain. He was having chest discomfort a couple weeks ago. He was taking lisinopril/losartan together incorrectly and was coughing significantly with chest pain, left-sided, primarily with coughi; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. Hales is 60 years old with history of CAD, HTN and HLP. He comes in today for surgical clearance for a lumbar decompression to L2-L3. This surgery is scheduled for 4/6/17. He had SCA on 12/21/17 that revealed 50% stenosis proximal to patent RCA stent.; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. Lott is a new patient here to establish cardiac care. He has a history of coronary artery disease and is status post PCI in October 2016 at UAMS. He is easily fatigued but he tries to stay active. He says he is limited by knee pain. He denies any ches; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. McIntyre is referred for cardiac evaluation of chest pain. He has a chronic past medical history of tobacco use, obesity, and OSA with CPAP. He reports non-radiating right-sided chest pain that first started approximately 2 years ago. He describes ; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. Tumbleson has CAD. Heart cath in September 2016. Now has new onset chest pain and shortness of breath. need to evaluate for worsening disease process.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. Vick is here with complaints of dizziness, edema and dyspnea. He has known ASD s/p closure, syncope, CKD, and HTN. His PCP started him on a diuretic that doesn't seem to be helping. He doesn't know what diuretic it is. His medication list indicates th; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. Whitted is a 38 year old male here today for return appointment. No known history of CAD. He has a history of hypertension and hyperlipidemia. Patient presents today with complaints of dull and achy left-sided chest pain that is better with rest, dysp; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mrs Dickerson is a 33 y/o female patient with no previous cardiac history who had ECHO with preserved EF with diastolic dysfunction. She has had multiple admits to the ER with chest pain and dizziness over the year. She presented to ER last night from She; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms Trice is here as a new patient after being referred by Dr William Riley. She is referred with complaints of dyspnea, diaphoresis, palpitations and fatigue. She has a chronic past medical history of PE with history of IVC filter placement and removal;; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms. Flick is referred by Dr. Joel Cobb for evaluation of chest pain. She presents with left-sided chest discomfort, moderate severity at times but worsening to very severe. She notes these episodes generally at rest and it resolved spontaneously. ; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms. Morris is a 46 y/o AAW with a h/o PAF, HTN, here today for a follow up. She says that her palpitations have been less since she started taking the propafenone. She says that she was having episodes of this 4-5 times daily and now these are down to 1; 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 n/a; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	N/A; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient referred Dr Campbell, dyspnea with moderate exertion, no associated chest pain, not at rest, since AMI one year ago and had CABG times 3 and grafts closed, and had coronary stent in march 2016 and last stent in April 2016, and has ankle dema ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient referred Dr newbun cardiac clearance..No angina , no dyspnea, knee limits activity...non smoker.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had a recent non-nuclear stress test.; The results of the previous nuclear cardiology study were normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient referred Dr Tarpley 2 years, got worse 2 weeks ago, precordial area, lasting 5 minutes, and no radiation, associated dyspnea, at rest, and 3 episodes in tandem, since the time daily episodes angina,,soker til 2016 1/2 a pack....non diabetic.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none given; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	3
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	None; This study is being ordered for Vascular Disease.; 2001; There has been treatment or conservative therapy.; SOB & Chest Pain; PCI 2001 & 2005	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Obesity, Syncope; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	other chest pain, essential hypertension; Chest Pain (Angina) ; This is a new problem. The current episode started more than 1 week ago. The problem occurs rarely. The problem has not changed since onset. Associated symptoms include chest pain. Pertinent ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	other chest pain, mixed hyperlipidemia, essential hypertension, morbid obesity with BMI of 40.0-44.9, adult.; Wayne Epperly is a 36 y.o. male who presents as new. Pertinent history includes: Hypertension, hyperlipidemia. Other past medical history is n; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	other chest pain, shortness of breath on exertion, palpitations. Sherie L Grant is a 53 y.o. female who presents as re-establish. Pertinent history includes: None. Other past medical history is noted below. Patient complains of chest pain described feels; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	other chest pain, shortness of breath; Robin M Smoke is a 43 y.o. female who presents as new patient. Pertinent history includes: None. Other past medical history is noted below. ; Patient complains of right sided chest pain at rest radiating to the back; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Palpitation, DM II, HTN, Hyperlipidemia, Dyspnea on exertion.; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Palpitation, HTN, Ventricular Premature Complex, Atrial Premature Depolarization; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	palpitations, dizziness, shortness of breath, and chest pain; I have had a left arm that feels uncomfortable at the same times when my chest feelings strange; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	palpitations, dyspnea, family history, obesity; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PATIENT HAD COMPLAINTS OF CHEST PAIN ON LEFT SIDE OF CHEST UNDER LEFT ARM. PT DOES HAVE SHORTNESS OF BREATH WITH EXERTION AS WELL AS A STRONG FAMILY HISTORY OF CARDIAC DISEASE; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient had surgery; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PATIENT HAS A PACE MAKER, EXERCISE STRESS TEST PERFORMED 12/12/2014, CHEST PAIN RADIATING DOWN LEFT ARM AND UP TO THE NECK, SWEATING, SHORTNESS OF BREATH, DIZZINESS AND SYNCOPE; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). Patient has Abn-EKG, PVC's and Bigeminy; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has diabetes.; The patient has not had a cardiology study in the past 3 years.; No other testing was completed more than 3 years ago.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient has asthma on inhalors cannot walk good on treadmill, chest pain, shortness of breath.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has been having these recurrent typical chest pain episodes, unable to exercise due to her lightheadedness and dizziness and back problem, requesting pharmacological stress test. Abnormal tilt table test secondary to POTS syndrome.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient has CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p> <p>patient has complaints of chest pain and attempted to complete a RSE but due to back pain could not reach target heart rate and so the test was non diagnostic. She also has had a syncopal episode and has 1st degree familial CAD; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient has CP, some radiating to the back and some radiating down his arm. He has a very strong FM HX of CAD with both brothers having heart attacks at his age. CP is relatively new onset over the past month or two. He as well is associated with SOB; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient has diabetes, hypertension and known CAD; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p> <p>patient has hyperlipidemia and chest pain; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient has diabetes, hypertension and known CAD; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has shortness breath and chest pain. The patient has not had a stress echo. Patient has Hypertension, dizziness and giddiness.; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient have diabetes, hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient having Chest Pain, SOB, Fatigue; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient is a 55 year old male who presents today to establish care. PMH includes HTN, DM with neuropathy. He is a 1 PPD smoker x 35 years. Family history includes father with MI in his 40's, maternal uncle with MI in his 50's and mother with history of af; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient is a current smoker; patient cannot walk on treadmill due to back and knee pain. He complains of chest pain that radiates across his chest and history of tachycardia and SOB; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient is a smoker; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/17/2017; There has been treatment or conservative therapy.; chest pain radiating to right arm; medication	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient is blind and can not walk on a treadmill. Patient has also had a stroke, a c-spine fracture, and a pelvic fracture. Patient is short of breath on exertion. Patient has a family history of diabetes and CAD. Patient has a long history of tobacco use; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient is diabetic, hyperlipidemia, and CAD by CT scan; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient is needing to have a cardiac clearance. Patient is scheduled to have a tumor removed from his neck. Patient has a history of CAD.; This study is being ordered as a pre-operative evaluation.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient is unable to walk on a treadmill due to back problems.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/09/17; There has been treatment or conservative therapy.; Patient presented to ER with stabbing chest pain; patient was given narcotic pain pills without relief of chest pain	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient presented today with chest pain, shortness of breath and palpitations that are worse with rest.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient presented with c/o chest pain--atypical in description. no hx CAD. ekg showed nsr with no ischemic change. cardiac enzymes negative x3. ct chest to r/o pe ordered but patient unable to fit in machine. suggested transferring to sbmc for test to be ; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient unable to complete bike stress echo; could only reach 64% max heart rate before needing to stop due to fatigue; recent episode of syncope and dizziness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient with a complaint of Chest Pain. Stress test was attempted. Patient had to stop before heart rate achieved due to back and knee pain.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient with a-fib/flutter; cardiomyopathy w EF 25-30%; SOB on moderate exertion; recent hospital stay because of near cardiogenic shock; new onset a-fib; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient with hx of CAD and 2 coronary stents having chest pain and SOB; relieved by nitro; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient with recent stents Nov 2016; now with SOB on exertion; abnormal EKG; EF still in 20s; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient with the complaint of chest pain, palpitations, tachycardia. Stress Test was attempted and patient was not able to complete study due to morbid obesity (BMI 51.1) and sedentary lifestyle (truck driver). Patient is a former smoker.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pervious heart cath; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PMH includes HTN. He underwent left heart cath with LV angio, aortic root angio and coronary angios done vial RFA without apparent complication on 2/2016. LVEF= approx 40%. Resolute stents in RPLB and in distal segment of RPDA and also placed a Resolute ; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pre op bi-lat knee and rt shoulder, diabetic, smoker, copd, cannot ambulate on tm;; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial burning like chest pain/Abnormal EKG.Dyspnea on exertionLeft atrial dilatationEssential hypertensionHypertensive heart diseaseLeft ventricular diastolic dysfunctionPulmonary hypertensionType II diabetes mellitus HypercholesterolemiaCerebrovascu; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial chest pain Dyspnea  Dyspena on exertion  Abnormal EKG Family history of coronary artery disease; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>precordial chest pain.&#x0D; Matthew Armstrong is a 44 y.o. Caucasian male who presents for evaluation of chest pain Onset was 10 years ago, with waxing and waning course since that time. The patient admits to chest discomfort that is intermittent, with radi; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Precordial chest pressure dyspne nausea dyspnea on exertion&#x0D; female who over the last month has been experiencing recurrent episodes of pressure in mid precordium radiating into his jaw and into her neck occasionally associated with dyspnea and shortness Pa; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>precordial pain, dyspna on exertion&#x0D; Robert Varnedore is a 51 y.o. male who presents for post hospital discharge follow up. PMH includes psychosis and multiple illicit drug use. Was in hospital 1/2/17 to 1/10/2017 with encephalopathy and coffee ground em; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Precordial Pain, Palpitations, SVT and PAT; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial Pain, SOB, HTN, Dyslipidemia, Tabacco use, anxiety; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pressure like chest pain and dyspnea for 2-3 weeks; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pressure like chest pain and dyspnea for 2-3 weeks; There has not been any treatment or conservative therapy.; chest pain abn ekg htn	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pressure like chest pain and dyspnea for 6-8 weeks Angina  Hypertension  Hypothyroidism Hyperlipidemia  Morbid obesity; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pressure, dyspnea on exertion, and fatigue but reports no lightheadedness, no chest pain, no leg edema, no syncope, no orthopnea, no palpitations, no PND, and no claudication. He reports exercise intolerance but reports no fever, no night sweats, no signi; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	previous stroke, and patient is smoker.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt called stating both of his legs are swelling, his right more than left. He also stated his blood pressure is running high.. He says that he does not feel right. Patient has CAD and a history of CABG.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt did a ett in nov and exercised 4.41 mintes with reaching targe hr. she had some heart burn during exercise. see attached clinicals.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has chest pain shortness of breath and syncope; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has diabetes 2; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has diabetes, hyperlipidemia and hypertensive heart disease; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has history of diabetes with h/o stents so we want a follow up myoview. last cath in 2010; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has hyperlipidemia Pt has essential hypertension; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has hyperlipidemia, chest pain, central hypertension; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has hyperlipidemia, hypertensive heart disease, chest pain; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT HAS UNCONTROLLED HYPERTENSION, DIABETES 2, RX METFORMIN, AND C/O CHEST PAIN AND DOE. RX'S FOR HTN: 162/100, MD INCREASED LOSARTAN TO 50MG, AND CONTINUED HCTZ.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has Vertigo, Syncope, HTN, ASHD, and Dyslipidemia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT HAVING CHEST PRESSURE WITH SHORTNESS OF BREATH CHEST PAIN INCREASING IN NATURE PT HAVING POOR ENERGY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT HAVING CHEST PRESSURE WITH SHORTNESS OF BREATH CHEST PAIN INCREASING IN NATURE PT HAVING POOR ENERGY; There has not been any treatment or conservative therapy.; PT HAVING CHEST PRESSURE WITH SHORTNESS OF BREATH CHEST PAIN INCREASING IN NATURE PT HAVING POOR ENERGY	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt having CP and SOB .; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt here for followup of ischemic cardiomyopathy and cad. He denies any chest pain. He denies any syncope. He had some abdominal pain which was relieved with a loosening of his lap band by Dr. Baker, however he has since had trouble keeping weight off and ; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT IS HAVING CHEST PRESSURE WITH RADIATION, ALSO HAVING SHORTNESS OF BREATH AND HIGH BLOOD PRESSURE, PT ALSO DOES HAVE ARTHRITIS; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt present palpitations, family hx CAD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt states that he has been having seizures a couple of times a night approx every other night that wakes him from his sleep. States that his whole left side goes numb with these episodes. Pt has not been to neurologist since getting out of jail. States th; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt suffers with prolonged Q T on EKG.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; It is not known if the patient has had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt unable to exercise due to ddd; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt unable to walk on treadmill due to recent foot surgery... nsvt on halter monitor; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt was born w/ aortic valvotomy. Undergone aortic valve replacement for severe aortic regurgitation in 2014; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	R/O CAD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  1. Afib    History of Present Illness  HPI:  He is feeling better on medication. he has cut back on his drinking. no concerning cardiac symptoms.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  1. CHF    History of Present Illness  HPI:  He is here to re-engage with a cardiologist. He has not had one in several years. He had an MI and stents in 2006 at UAMS. He was also seen at the VA after that. he was to; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  1. PAF    History of Present Illness  Symptoms:  New patient referred DR Jon Tarpley episode PAF 3 years ago, and transfer cardiologist, no angina, no palpitations, no dyspnea....history hypertension.....negative nu; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Recent hospitalization with chest pain with SOB & abnormal EKG. Chronic right leg problems with multiple surgeries and a brace make walking difficult; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Referred for chest pain. Substernal chest discomfort, lasted 5 minutes and resolved spontaneously. She has dyspnea on exertion during her daily activities.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Right precordial chest pain/left arm tightnessDyspnea on exertionType II diabetes mellitus without complications Essential hypertension. Family history of coronary artery diseaseHypercholesterolemia.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Risk factors family hx of heart disease diabetes htn; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ronald E. Riddle is a 59 y.o. Native American male who presents for evaluation of atherosclerotic coronary artery disease with myocardial infarction due to occluded diagonal branch treated with angioplasty and stenting on November 30, 2013. He was seen in; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	s/p PCI to circumflex 4/2015  S/P PCI to CXA/OM 9/2016 DIABETES  Recent admission to hospital due to decompensated CHF and angina; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	see clinicals pt has known cad and needs f/u myoview.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	SEVERAL CALCIFICATION DUE TO A CTA HEAVY SMOKER CARDIAC MURMUR; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Shortness of breath on exertion. Jaw pain. Tobacco user.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Shortness of breath; Weakness; Essential (primary) hypertension; Goiter; Nonrheumatic mitral regurgitation; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Shortness of breath, chest of breath; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Shortness of breath, Chest Pressure, PVD, ASHD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	SHORTNESS OF BREATH, PALPATATIONS; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Shortness of breath: DOE; Fatigue; Arteriosclerosis of native coronary artery w/ other form of angina pectoris: Exertional angina CC II; Varicose veins of bilateral legs w/ pain: L greater than R; Varicose veins of bi low extrem with other complication; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Sob, Htn, Chronic heart failure, chf, cardiomyopathy; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if the patient has had a previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	sob; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; angina	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	States at times he does have an "uncomfortable feeling" in his middle chest area but no pains in his jaw or arm. Sob comes and goes. SOB has worsened since he had his stent in 11/2/16. He states that last night he had laid down in the bed and sudden; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	stress echo attempted, could not achieve max heart rate due to deconditioning and testing had to be stopped for shortness of breath and fatigue.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	strong family hx, diabetic, htn, hyperlipidemia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	substernal chest pain; dyspnea; fatigue; abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	suspected CAD and Proxysmal A Fib.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Syncope and collapse; Dizziness; Other chest pain; Shortness of breath; Weakness: Weakness/fatigue, hypersomnia; Stasis dermatitis; COPD; Other specified diabetes mellitus without complications; Mixed hyperlipidemia; Essential (primary) hypertension; Dis; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>syncope, unspecified syncope type, other chest pain.; Oma C Vaughn is a 59 y.o. female who presents w c/o syncope. Has had multiple episodes in the past week. Each time she feels lightheaded and as if the workd is spinning around her. She can usually get; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Tachycardia, shortness of breath on exertion, heart palpitations, essential hypertension, chest pain.; Patient with a past history of hypertension and tachycardia, and other medical problems, tells me she sees several specialist, here for followup evalua; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.</p>	12
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	34
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is not diabetic.; The patient is less than 45 years old.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	3

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	9
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has diabetes.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.	23
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient presents for 6 week f/u ov electrophysiology evaluation. Has h/o PSVT and has had multiple EP studies and ablations. In 1997 in Chicago had RFCA of L sided AP and in 2003 at ACH had RFCA of slow pathway (no AVNRT at EPS but + echoes). Had recu; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The Ptr has known CAD, continued shortness of breath.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for a post myocardial infarction evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had a nuclear cardiology study since having an MI.	3

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	189
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	17
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient has congestive heart failure.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	10
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	29
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	5

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; It is not known if the patient has had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	6
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	24

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); It is not known if the patient has a physical limitation to exercise.	5
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	3
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	8
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	20

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	175
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	4

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	5
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	56
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	35
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	7
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a 42 year old male patient that presents today for follow up. Past medical history includes CAD sp PCI to RCA with DES in 7/2015, hypertension. patient is complaining of chest pain that last awhile and mainly at night time.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a 55-year-old gentleman with a history of paroxysmal atrial fibrillation who returned to clinic for one year followup. The patient complained of chest pain radiating to the throat that comes and goes. The patient is unable to tell if it is associated with exertion. The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a 62 year old male patient that presents today for new patient evaluation. Past medical history includes Rectal Cancer currently undergoing chemotherapy, long time smoker.; He was referred today by Dr.Desikan for cardiac evaluation. He presented with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for preoperative 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	15
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	2

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	3
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	5
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	3
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	7
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	12
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass. This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The results of the previous nuclear cardiology study were not normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; Yes, patient had a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	4
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unable to ambulate on tm, cp, cardiac murmur, hypertension; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unable to walk on treadmill, dyspnea on exertion, ekg results normal but sinus 58 QIII by phasic TW S and V2-D3; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Unknown; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Unknown; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	3
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath, dizziness, and palpitations	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	UNSTABLE ANGINA, CHEST PAIN, KNOWN CAD S/P STENT & CABG, HTN, HYPERLIPIDEMIA, DIABETES, OBESITY, FAMILY HX OF CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	very obese, smoker, aortic valve problem; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is not presenting any new cardiac signs or symptoms.; Eval need for ICD	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient had a recent MI.; ejection fraction has lowered	1

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7-8-2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	MEDICATION	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; about a year ago; There has not been any treatment or conservative therapy.; chest pain, palpitations, short of breath	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This is a recurrent problem. The current episode started more than 1 month ago. The problem occurs every several days. The problem has been unchanged.; There has not been any treatment or conservative therapy.; atypical chest pain, shortness of breath on exertion, fatigue, no previous workup	1

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	01. Angina, class III (I20.9): Recurrent. Assoc with doe. Lexiscan MPI to be done first available. Pt unable to walk on treadmill due to leg, knee & back pain. ADD ASA 81mg q day. Reluctant to add BB at this time due to h/o low HR. 02. DOE (dyspnea o; This study is being ordered for Vascular Disease.; 08/04/2016; There has been treatment or conservative therapy.; CHIEF COMPLAINT: Chest Pain , Dyspnea , dizziness; 1. Chest Pain  The patient complains of chest discomfort. The discomfort is located in the substernal area. The patient describes the pain as dull and aching. Patient was scheduled for an echo and NSC last September, but she cancelled the appointments a	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Abnormal EKG; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; x 2 weeks; It is not known if there has been any treatment or conservative therapy.; Chest Pain, shortness of Breadth.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	dyspnea; This study is being ordered for Vascular Disease.; 1/17/; There has been treatment or conservative therapy.; chest pain; three vessel bypass	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	He has a carotid bruit; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; Shortness of breath, fatigue, chest pain	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	None; This study is being ordered for Vascular Disease.; 2001; There has been treatment or conservative therapy.; SOB & Chest Pain; PCI 2001 & 2005	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	PATIENT HAD NUMEROUS EPISODES OF CHEST PAIN, SHORTNESS OF BREATH. PAIN WENT INTO JAW AND HAD COMPLAINTS OF DIAPHORESIS DURING BOTH EPISODES. PATIENT DID HAVE EPISODES OF HYPERTENSION DURING THESE EPISODES ALONG WITH NEAR SYNCOPE.; This study is being ordered for Vascular Disease.; APPROX MID JANUARY 2017; There has not been any treatment or conservative therapy.; PATIENT HAD NUMEROUS EPISODES OF CHEST PAIN, SHORTNESS OF BREATH. PAIN WENT INTO JAW AND HAD COMPLAINTS OF DIAPHORESIS DURING BOTH EPISODES. PATIENT DID HAVE EPISODES OF HYPERTENSION DURING THESE EPISODES ALONG WITH NEAR SYNCOPE.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	patient is a smoker; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/17/2017; There has been treatment or conservative therapy.; chest pain radiating to right arm; medication	1

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Patient is unable to walk on a treadmill due to back problems.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/09/17; There has been treatment or conservative therapy.; Patient presented to ER with stabbing chest pain; patient was given narcotic pain pills without relief of chest pain	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	PATIENT PRESENTED WITH CHEST PRESSURE THAT COMES AND GOES WITH EXERTION AND AT REST. PAIN IS RELIEVED WITH RESET. PT DOES HAVE PALPITATIONS AS WELL AS SOB WITH AND WITH EXERTION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT PRESENTED WITH CHEST PRESSURE THAT COMES AND GOES WITH EXERTION AND AT REST. PAIN IS RELIEVED WITH RESET. PT DOES HAVE PALPITATIONS AS WELL AS SOB WITH AND WITH EXERTION; There has not been any treatment or conservative therapy.; PATIENT PRESENTED WITH CHEST PRESSURE THAT COMES AND GOES WITH EXERTION AND AT REST. PAIN IS RELIEVED WITH RESET. PT DOES HAVE PALPITATIONS AS WELL AS SOB WITH AND WITH EXERTION	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Pressure like chest pain and dyspnea for 2-3 weeks; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pressure like chest pain and dyspnea for 2-3 weeks; There has not been any treatment or conservative therapy.; chest pain abn ekg htn	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	PT HAVING CHEST PRESSURE WITH SHORTNESS OF BREATH CHEST PAIN INCREASING IN NATURE PT HAVING POOR ENERGY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT HAVING CHEST PRESSURE WITH SHORTNESS OF BREATH CHEST PAIN INCREASING IN NATURE PT HAVING POOR ENERGY; There has not been any treatment or conservative therapy.; PT HAVING CHEST PRESSURE WITH SHORTNESS OF BREATH CHEST PAIN INCREASING IN NATURE PT HAVING POOR ENERGY	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	sob; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; angina	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	22

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	3
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	3

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	4
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	5

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	6
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	5
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	6

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

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	10
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is NOT for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	4
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It is unknown when the last echocardiogram was performed.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	18
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	1

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	85
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	3
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	15
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	5
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	21
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	15

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	39
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	5
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	4
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	63
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	3
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	29
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath, dizziness, and palpitations	1

Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	Mr. Worsham is here for followup, monitor results. No sx of palpitations, no dizziness or lightheadedness. Continues to have right arm numbness, tingling. This starts in fingers, goes all the way up to his neck and face on right side. Reports a "haze" to ; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.	1
Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	Probable SVT - She has episodes of HR's as high as 165 that is associated with SOB and CP. This comes on abruptly and stops abruptly which does sound like SVT. Her mother has this condition. I would get a holter and an echocardiogram to rule out any struc; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.	1
Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evalutaion of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.	9
Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.	5
Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.	2
Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation ; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Approval	93350 ECHO TTHRC R-T 2D --M- MODE COMPLETE REST&STRS	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Approval	93350 ECHO TTHRC R-T 2D --M- MODE COMPLETE REST&STRS		1

Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;</p> <p>Patient with known CAD s/p PTCA/stent for follow up stress after PTCA; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.</p>	1
Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		<p>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.</p>	1
Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		<p>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.</p>	6
Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		<p>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</p>	9
Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		<p>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.</p>	5
Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		<p>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.</p>	15
Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		<p>Unknown; 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.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.</p>	103
Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		<p>; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Severe Claustrophobia is the reason an MRI is not being considered</p>	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt has a panic disorder and MRI would be very hard to obtain.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Severe Claustrophobia is the reason an MRI is not being considered	1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Further evaluation of carotid and/or subclavian artery stenosis. CT/CTA of neck, chest, and aortogram ordered see if this can be revascularized surgically or percutaneously.; This study is being ordered for Vascular Disease.; 05/14/2014 patient was seen in office as new patient. Last office visit was 02/03/2017. Patient presents with significant chest and left arm pain. Extremities are numb and tingling, and pt often experiences loss of sensation. Pulse is faint and coldness; There has been treatment or conservative therapy.; angina pectoris, shortness of breath, dizziness, left arm pain, numbness, tingling, and faint pulses with coldness to all extremities. Occasional loss of sensation to extremities becoming more frequent. Overall significant pain.; Medication management. Medical therapy. Previous diagnosis of CAD s/p stent to RCA.	1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically	Yes, this is a request for CT Angiography of the Neck.	4
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	She saw me 10 years ago due to palpitation. She has been on physical work, lifting. She c/o moderate left arm aching at rest, not during lifting or exertion, associated "shocking" sensation in the past 6-8 weeks while resting, relieved on its own. No chest pain; This study is being ordered for Inflammatory/ Infectious Disease.; 01/05/2007; There has not been any treatment or conservative therapy.; She c/o moderate left arm aching at rest, not during lifting or exertion, associated "shocking" sensation in the past 6-8 weeks while resting, relieved on its own. No chest pain, SOB, DOE, orthopnea, PND, dizziness, syncope, palpitation. She had anxiety a	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She saw me 10 years ago due to palpitation. She has been on physical work, lifting. She c/o moderate left arm aching at rest, not during lifting or exertion, associated "shocking" sensation in the past 6-8 weeks while resting, relieved on its own. No chest pain, SOB, DOE, orthopnea, PND, dizziness, syncope, palpitation. She had anxiety a	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;	1

Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	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.; Yes, this is a request for a Chest CT Angiography.	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Further evaluation of carotid and/or subclavian artery stenosis. CT/CTA of neck, chest, and aortogram ordered see if this can be revascularized surgically or percutaneously.; This study is being ordered for Vascular Disease.; 05/14/2014 patient was seen in office as new patient. Last office visit was 02/03/2017. Patient presents with significant chest and left arm pain. Extremities are numb and tingling, and pt often experiences loss of sensation. Pulse is faint and coldness; There has been treatment or conservative therapy.; angina pectoris, shortness of breath, dizziness, left arm pain, numbness, tingling, and faint pulses with coldness to all extremities. Occasional loss of sensation to extremities becoming more frequent. Overall significant pain.; Medication management. Medical therapy. Previous diagnosis of CAD s/p stent to RCA.	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Reason for Appointment  1. Palpitations  2. Atrial Fibrillation    History of Present Illness  HPI:  Pt is here to establish care. Pt was in the hospital 2 weeks ago with Afib at ACMC and had to be converted back to sinus rhythm. Pt state; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Disapproval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Pericarditis inflammation around the heart sac; medications	1
Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Disapproval	74175 CT ANGIOGRAPHY ABDOMEN	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	2

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Vascular disease; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Reason for Appointment  1. CVI    History of Present Illness  Follow up interval visit:  Mr. McKinney comes to the PVI for an early interval visit secondary to new wounds. Underwent sclerotherapy on 10/14/2016 of the left proximal calf and; Yes this is a request for a Diagnostic CT	1
Disapproval	75557 Cardiac MRI Morph & structure w/o contrast	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	2
Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1
Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	Pt comes in to establish care. She is needing to have surgery to remove fibroid tumors. Her doctor referred her to us due to a low heart rate. Pt complains of stabbing, tight chest pain for the "past year or two". Pt says the pain can sometimes turn into ; This is a request for a CT scan for evaluation of coronary calcification. Reason for Appointment  1. Near syncope    History of Present Illness  HPI:  she was mopping recent and had brief episode of near syncope. She bent over and felt her vision go out for a few seconds. no other associated symptoms. She had a ; This is a request for a CT scan for evaluation of coronary calcification.	1
Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary		1
Disapproval	75572 CT Heart	Radiology Services	This is a request for a Heart CT.	1
Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; It is not known if patient has new onset congestive heart failure.; left arm pain; Yes, there is Chronic Chest Pain.	1

Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	There is no "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient is referred by her PCP for cardiac evaluation. On 02/01/2017 she blacked out while driving her car and ran into a building. She reports multiple episodes of seizure-like activity where she passes out, with no precipitating events. She states this ; No, there is no Chronic Chest Pain.; No, this patient does not have equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1
Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1
Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; CHEST PAIN AND SHORTNESS OF BREATH.	1
Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for evaluation after cardiac angioplasty, stent or bypass graft.; POST ANGIOPLASTY TO EVALUATE ANOMALY OF CIRC. USA, HTN, FAMILY HX OF CAD, SMOKER, DIABETES	1
Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.;	1
Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and asymptomatic (no significant symptoms)?; RT. sided Chest Pain	1
Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;	1

Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Further evaluation of carotid and/or subclavian artery stenosis. CT/CTA of neck, chest, and aortogram ordered see if this can be revascularized surgically or percutaneously.; This study is being ordered for Vascular Disease.; 05/14/2014 patient was seen in office as new patient. Last office visit was 02/03/2017. Patient presents with significant chest and left arm pain. Extremities are numb and tingling, and pt often experiences loss of sensation. Pulse is faint and coldness; There has been treatment or conservative therapy.; angina pectoris, shortness of breath, dizziness, left arm pain, numbness, tingling, and faint pulses with coldness to all extremities. Occasional loss of sensation to extremities becoming more frequent. Overall significant pain.; Medication management. Medial therapy. Previous diagnosis of CAD s/p stent to RCA.	1
Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	6
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/2016; There has not been any treatment or conservative therapy.; hypertensive disorder, chest pain, dyspnea. EKG showed NSR, complained of severe cough with chest pain	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SUMMER 2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; about a year ago; There has not been any treatment or conservative therapy.; chest pain, palpitations, short of breath ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; A study not listed has be completed.; 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.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	3
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; near syncopal episode 1 week ago assoc w/sweating.; Chest Pain (Angina) ; This is a new problem. The current episode started more than 1 week ago. The problem occurs rarely. The problem has been resolved. Associated symptoms include chest pain. Pertinent ; There has not been any treatment or conservative therapy.;	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This is a recurrent problem. The current episode started more than 1 month ago. The problem occurs every several days. The problem has been unchanged.; There has not been any treatment or conservative therapy.; atypical chest pain, shortness of breath on exertion, fatigue, no previous workup	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	1. COPD (chronic obstructive pulmonary disease) with acute exacerbation.; 2. Precordial chest pain, atypical.; 3. PSVT (paroxysmal supraventricular tachycardia).; 4. Hepatitis C.; 5. Tobacco abuse.; 6. Elevated bilirubin.; 7. Benign essential hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	56 y.o. female with h/o GERD, RA, Depression, fibromyalgia and HTN here for workup of chest pain.; For the past few years c/o chest pain. Left sided. Worse with emotional stress. Pressure-like. Lasts 5 minutes. Moderate. Progressive. Associated with; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	A 54-year-old gentleman with a history of hypertension presented with chest pain and dyspnea on exertion which does not happen frequently and lasts for a few minutes. The patient cannot tell if it is exertional or not. He has recently diagnosed hypertensi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Active Problems.; 1. Cardiomyopathy (425.4) (I42.9).; 2. Cerebral infarction, unspecified (434.91) (I63.9).; 3. Chest pain (786.50) (R07.9).; 4. Conductive hearing loss, inner ear (389.04) (H90.2).; 5. Current every day smoker (305.1) (F17.200).; 6. Depression ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CAD w/new chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain and shortness of breath, especially with exertion. relieved with rest. abnormal EKG done which shows some ST depression and ischemic changes. evaluation for CAD needed.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CHEST PAIN, SMOKER, FAMILY HX OF CAD, PVD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	cp, palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CP, SYNCOPE AND COLLAPSE, NICOTINE DEPENDENCE, HYPERTENSION, ABNORMAL EKG, UABLE TO DO REGULAR WALKING TM DUE TO ABN EKG AND SYNCOPE.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Had angina this am, precordial area, walking, no radiation, associated dyspnea, lasted 9 minutes, did not take NTG, had worse episode last week relieved NTG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	having chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	INITIAL VISIT FOR NEW ONSET CHEST PAIN & ABNORMAL EKG. PT IS FORMER SMOKER & HAS A FAMILY HX OF CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	INITIAL VISIT FOR NEW ONSET CHEST PAIN & HTN. PT IS UNABLE TO WALK ON TREADMILL DUE TO BROKEN FEMUR.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	L arm pain w/dyspnea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mr Ward is here today for cardiac evaluation. He states that he has been feeling fatigued lately even with plenty of rest. He states that his bp has been fluctuating recently. He also states that he has had some "skipped beats". He states that he has felt; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mr. Carlson is here today for 6 month follow up with CTA to assess his abdominal aortic aneurysm. He underwent CEA and CABG back in June and July of this year. He is progressing well. States that "I can still feel my sternum move". Denies pain. Confirms t; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mr. Danie is a 54 year old BM with a history of HTN and tobacco use, who was referred to us by Dr. McDaniel for complaints of chest pain. He states he has been having chest pain for the last month. He describes a sudden onset of a sharp pain in the cente; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mrs Cross here for check up and cardiac clearance to have surgery per Dr Bryant on right shoulder.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Ms Jeanette is here today with c/o intermittent midsternal cp that occasionally radiates down left arm and causes sob. No nausea or diaphoresis. Last episode was last night and lasted approximately 10 minutes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Muscular Sclerosis Knee Surgery; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/03/2017; There has been treatment or conservative therapy.; Chest Pain; O2 and ASA	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; Prior Chest Pain--This is for follow-up of 2012 CABG; Medication	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	palpitations; possible recent small stroke; fatigue; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	PATIENT HAD NUMEROUS EPISODES OF CHEST PAIN, SHORTNESS OF BREATH. PAIN WENT INTO JAW AND HAD COMPLAINTS OF DIAPHORESIS DURING BOTH EPISODES. PATIENT DID HAVE EPISODES OF HYPERTENSION DURING THESE EPISODES ALONG WITH NEAR SYNCOPE.; This study is being ordered for Vascular Disease.; APPROX MID JANUARY 2017; There has not been any treatment or conservative therapy.; PATIENT HAD NUMEROUS EPISODES OF CHEST PAIN, SHORTNESS OF BREATH. PAIN WENT INTO JAW AND HAD COMPLAINTS OF DIAPHORESIS DURING BOTH EPISODES. PATIENT DID HAVE EPISODES OF HYPERTENSION DURING THESE EPISODES ALONG WITH NEAR SYNCOPE.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient is having shortness of breath, chest pain, and tachycardia. Unable to walk on a treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt c/o SOB and angina; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt complaining of chest pain with heaviness, SOB when laying down at night, palpitations.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	ruling out CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; chest pain, hyperlymphodemia, diabetes, hypertension	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a 38-year-old gentleman with a history of diabetes, hypertension and family history of coronary artery disease presented to the Cardiology Clinic with a few months history of progressive chest pain, retrosternal chest pain radiating to both arms a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	5
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	15
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Torn calf muscle precludes patient from walking on treadmill. Nuc study requested.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/2016; There has not been any treatment or conservative therapy.; dyspnea, chest pain	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; patient is having dyspnea on exertion and lefted chest pain, on exertion; patient has had stents, medication therapy.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-2016; There has not been any treatment or conservative therapy.; palpitations, dizziness, chest pain, SOB, abnormal EKG	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/2016; There has not been any treatment or conservative therapy.; hypertensive disorder, chest pain, dyspnea. EKG showed NSR, complained of severe cough with chest pain	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Jan 18, 2017; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath, diaphoresis. Morbidly obese. Had abnormal EKG, family history of CAD.	1

Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SUMMER 2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; near syncopal episode 1 week ago assoc w/sweating. Chest Pain (Angina)  This is a new problem. The current episode started more than 1 week ago. The problem occurs rarely. The problem has been resolved. Associated symptoms include chest pain. Pertinent ; There has not been any treatment or conservative therapy.;	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Atypical Chest Pain and SOB; This study is being ordered for Congenital Anomaly.; Unkownn; It is not known if there has been any treatment or conservative therapy.; Chest pain, SOB	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/03/2017; There has been treatment or conservative therapy.; Chest Pain; O2 and ASA	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; Prior Chest Pain--This is for follow-up of 2012 CABG; Medication	1

Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	PATIENT PRESENTED WITH CHEST PRESSURE THAT STARTS IN CHEST AND GOES INTO ARM. PATIENT ALSO HAS COMPLAINTS OF SHORTNESS OF BREATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT PRESENTED WITH CHEST PRESSURE THAT STARTS IN CHEST AND GOES INTO ARM. PATIENT ALSO HAS COMPLAINTS OF SHORTNESS OF BREATH; There has not been any treatment or conservative therapy.; PATIENT PRESENTED WITH CHEST PRESSURE THAT STARTS IN CHEST AND GOES INTO ARM. PATIENT ALSO HAS COMPLAINTS OF SHORTNESS OF BREATH ruling out CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; chest pain, hyperlymphodemia, diabetes, hypertension	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	4
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	5

Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	2
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4

Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	5
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/2016; There has not been any treatment or conservative therapy.; dyspnea, chest pain	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; patient is having dyspnea on exertion and lefted chest pain, on exertion; patient has had stents, medication therapy.	1
Disapproval	93312 TEE R-T IMG 2D W/PRB IMG ACQUIS I&R	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.	1
Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.;	1
Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically	< Describe primary symptoms here - or Type In Unknown If No Info Given >; ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1
Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	Patient had OTCA in 2016, stress testing requested for follow up.; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1

Disapproval	93350 ECHO TTHRC R-T 2D -+M- MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	PATIENT PRESENTED WITH CHEST PRESSURE THAT COMES AND GOES WITH EXERTION AND AT REST. PAIN IS RELIEVED WITH RESET. PT DOES HAVE PALPITATIONS AS WELL AS SOB WITH AND WITH EXERTION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT PRESENTED WITH CHEST PRESSURE THAT COMES AND GOES WITH EXERTION AND AT REST. PAIN IS RELIEVED WITH RESET. PT DOES HAVE PALPITATIONS AS WELL AS SOB WITH AND WITH EXERTION; There has not been any treatment or conservative therapy.; PATIENT PRESENTED WITH CHEST PRESSURE THAT COMES AND GOES WITH EXERTION AND AT REST. PAIN IS RELIEVED WITH RESET. PT DOES HAVE PALPITATIONS AS WELL AS SOB WITH AND WITH EXERTION	1
Disapproval	93350 ECHO TTHRC R-T 2D -+M- MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	PATIENT PRESENTED WITH CHEST PRESSURE THAT STARTS IN CHEST AND GOES INTO ARM. PATIENT ALSO HAS COMPLAINTS OF SHORTNESS OF BREATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT PRESENTED WITH CHEST PRESSURE THAT STARTS IN CHEST AND GOES INTO ARM. PATIENT ALSO HAS COMPLAINTS OF SHORTNESS OF BREATH; There has not been any treatment or conservative therapy.; PATIENT PRESENTED WITH CHEST PRESSURE THAT STARTS IN CHEST AND GOES INTO ARM. PATIENT ALSO HAS COMPLAINTS OF SHORTNESS OF BREATH	3
Disapproval	93350 ECHO TTHRC R-T 2D -+M- MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has not been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has had 3 or fewer follow-up Cervical Spine CTs.	1

Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	NO; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS BEEN EXPERIENCING RADIATING RIGHT ARM PAIN, WEAKNESS, NUMBNESS AND LOSS OF GRIP STRENGTH FOR APPROXIMATELY 7 MONTHS. PATIENT ALSO IS SUFFERING FROM EXTREME SWELLING IN RIGHT HAND WHICH IS LIMITING HER ABILITY TO PERFORM DAILY TASKS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	4

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; parathesia; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	6
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.; IBUFPROFEN	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2016; There has been treatment or conservative therapy.; pt is having spinal pain; pt is having ultrasound therapy	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2016; There has been treatment or conservative therapy.; pt is having spinal pain; pt is having ultrasound therapy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chronic back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	low back pain radiating into bilateral hips and thighs; aching, pulling, sharp, stabbing pain; constant discomfort; activities of daily living have been difficult; aggravated by almost any movement;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	18

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	8
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	5
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	unknown; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	4

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Abnormal X-ray from 2/28/2017.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation: tx plan 2x's a week she goes for Physical Therapy and 3 days a week she does HEP (exercise from PT). No improvement in swelling or pain.; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Disapproval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	Radiology Services Denied Not Medically Radiology Services	This is a request for a temporomandibular joint MRI. unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Denied Not Medically Necessary		1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; stiffness, neck and back sharp pains,; medication	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/1/2016; There has been treatment or conservative therapy.; sharp shooting pain with radiculopathy with legs begins in mid-thoracic region waking patient up at night; physical therapy, chiropractic care	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; stiffness, neck and back sharp pains,; medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/1/2016; There has been treatment or conservative therapy.; sharp shooting pain with radiculopathy with legs begins in mid-thoracic region waking patient up at night; physical therapy, chiropractic care	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pars defect at L5 Multiple Schmorals nodes related to remote epiphysitis; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	xray was abnormal; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; notes only state weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.;	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Crepitus, pain , loose body shoulder; chiro therapy	2

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary		1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX		This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX			2

Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	3
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; unknown; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.	1
Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MEMBER WITH TETRALOGY OF FALLOT WITH ANOXIC BRAIN INJURY RESULTING IN DEFICITS IN COGNITION, POSSIBLE DYSPHAGIA, MOBILITY AND ADLS.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient had a seizure was in hospital has had a severe headache since having seizure.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, NSAIDs, muscle relaxers	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	chiropractic did not help. decompression made the pain worse. pain meds did help. Spurlings test is positive to the right. ROM is limited to 20 degrees. Obrians test causes pain to the right.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient comes to clinic today for follow up of her chronic pain. She denies any new numbness/ tingling/ weakness or loss of bowel or bladder control.She is s/p left SI Joint injection with 70% relief. She denies any medication side effects.; CT of the l; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; back and right knee pain; physical therapy, pain medications, NSAIDs	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, NSAIDs, muscle relaxers	1

Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	3
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	5
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/7/2014; There has been treatment or conservative therapy.; Radiating Pain; injections, narcotic and inset treatment, past pt none recently	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 05/04/16; There has been treatment or conservative therapy.; Shoulder pain, limited mobility, neck pain, unable to move neck/shoulder, inability to lift or use shoulder, numbness/tingling in the extremity, not able to sleep; PT and medication	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; epidural injections, pain medications, NSAIDs	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxer, NSAIDs	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs	4

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid back pain; PT, pain medication, NSAIDs	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxers	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and right shoulder pain; pain medication, NSAIDs, muscle relaxers	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient was approved for Lumbar MRI in November 2016 and was unable to attend the scheduled appt.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has had neck and back pain since November 2016. Patient has tried home exercises with no relief.; There has been treatment or conservative therapy.; Neck and back pain. Numbness; Home therapy exercises.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	23
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	4
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	14
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; pt new develop pain, pain to her neck radiating to her head and pain radiation to her arm to her hand.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/7/2014; There has been treatment or conservative therapy.; Radiating Pain; injections, narcotic and inset treatment, past pt none recently	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, NSAIDs	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid back pain; PT, pain medication, NSAIDs	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxers	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Mrs. Owens presents for follow-up evaluation of many years progressive low back pain. To review lumbar MRI report from the VA on 05/16/16 she's had a laminectomy with posterior fusion from L2-L5. There is grade 1 retrolisthesis of L2 on L3. At L2-3 there	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Sprain of T7-8 interspinous ligament and scoliosis with apex at T7.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	3

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; On my review of her thoracic x-rays done on 03/17/17 she has significant thoracic scoliosis centered at T3-4 with disc height loss at this level and anterior spurring.I educated her that scoliosis can increase force through the facets and also cause myofa; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	4
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is presenting new symptoms.; It is not known if the study is for follow up or staging.; It is not known if the patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; has had symptoms since age of 13; There has been treatment or conservative therapy.; pain that goes down R side into arm, low back pain down left leg with numbness; PT, injections < Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/7/2014; There has been treatment or conservative therapy.; Radiating Pain; injections, narcotic and inset treatment, past pt none recently ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; left thigh pain and back pain; pain medication	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, NSAIDs	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; epidural injections, pain medications, NSAIDs	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxer, NSAIDs	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxers	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pain Details: The patient presents today for follow up. They report pain as basically stable and controlled with current medications. Denies any side effects from their medications and maintains physical activity. Requests no changes today. The patient ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient was approved for Lumbar MRI in November 2016 and was unable to attend the scheduled appt.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has had neck and back pain since November 2016. Patient has tried home exercises with no relief.; There has been treatment or conservative therapy.; Neck and back pain. Numbness; Home therapy exercises.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Recent falls off her bed which caused more pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; First seen by MDO on 01/26/2016. Back pain 10+ yrs.; There has been treatment or conservative therapy.; Pain and worsening pain in mid to lower back region; Epidural injection; facet injection; pain meds; PT x 6wks 1yr ago	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	85
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	22
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; has had symptoms since age of 13; There has been treatment or conservative therapy.; pain that goes down R side into arm, low back pain down left leg with numbness; PT, injections	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1

Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 05/04/16; There has been treatment or conservative therapy.; Shoulder pain, limited mobility, neck pain, unable to move neck/shoulder, inability to lift or use shoulder, numbness/tingling in the extremity, not able to sleep; PT and medication	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/2015; There has been treatment or conservative therapy.; Tenderness, positive painful arch test; Pain management, PT	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and right shoulder pain; pain medication, NSAIDs, muscle relaxers	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Her left shoulder pain is 50% reduced status post ultrasound-guided injection, therefore think the majority of her pain now is related to the rotator cuff, there were areas of tendinopathy and possible small tear at the distal portion of the Supraspinatus	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	6

Approval	73700 CT LEG OR LOWER EXTREMITY	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; back and right knee pain; physical therapy, pain medications, NSAIDs	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/2015; There has been treatment or conservative therapy.; Tenderness, positive painful arch test; Pain management, PT	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	He has had taken a lot of fluoroquinolone antibiotics for chronic sinus infections in suspect this may have predisposed him to Achilles and iliopsoas tendon tear and tendinopathy, the best recommendation for this would be platelet rich plasma injection. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Hip pain initially started in May 2016. Right ankle pain started October 2016.; There has been treatment or conservative therapy.; Stabbing pain in right hip and right ankle.; Chiropractic care for 8 months and physical therapy for 6 months.	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	severe arthrosis of the right femoral head, moderate arthrosis of left femoral head, degeneration of the acetabular cartilage R L with arthrosis. There appears to be a collapse of R L femoral head; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/5/2007; There has been treatment or conservative therapy.; severe hip pain; severe arthrosis of the right femoral head, moderate arthrosis of left femoral head, degeneration of the acetabular cartilage R L with arthrosis. There appears to be a collapse of R L femoral head; inflammatory medication, pain meds, physical therapy	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	4
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Denied Not Medically Necessary Radiology Services	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxer	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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.	2
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, muscle relaxers, NSAIDs, physical therapy, chiropractor	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxer	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, muscle relaxers, NSAIDs, physical therapy, chiropractor	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxer	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/30/2014; There has been treatment or conservative therapy.; radiating pain and numbness from neck to back then legs; treatment and physical therapy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2016; There has been treatment or conservative therapy.; Chronic pain,; Facet joint Injections, and epidural injections	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, muscle relaxers, pain medication	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs, back surgery 2007	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs,	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, NSAIDs	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid back pain; epidurals, physical therapy, muscle relaxer, NSAIDs	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; OTC medication, physical therapy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and thoracic pain; physical therapy, pain medication, muscle relaxers, NSAIDs	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; epidural injection, pain medication, NSAIDs	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Tenderness on right side, after pain meds, neck is still hurting so they want to rule out what is causing the pain.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2016; There has been treatment or conservative therapy.; Chronic pain,; Facet joint Injections, and epidural injections	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid back pain; epidurals, physical therapy, muscle relaxer, NSAIDs	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; OTC medication, physical therapy	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and thoracic pain; physical therapy, pain medication, muscle relaxers, NSAIDs	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Recent falls off her bed which caused more pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; First seen by MDO on 01/26/2016. Back pain 10+ yrs.; There has been treatment or conservative therapy.; Pain and worsening pain in mid to lower back region; Epidural injection; facet injection; pain meds; PT x 6wks 1yr ago	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/30/2014; There has been treatment or conservative therapy.; radiating pain and numbness from neck to back then legs; treatment and physical therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2016; There has been treatment or conservative therapy.; Chronic pain,; Facet joint Injections, and epidural injections	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, NSAIDs	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, muscle relaxers, pain medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs, back surgery 2007	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs,	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, NSAIDs	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; OTC medication, physical therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; right knee and back pain; physical therapy, back surgery, pain medication, NSAIDs	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; epidural injection, pain medication, NSAIDs	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain going down to her legs and feet; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; bilateral hip and knee pain; pain medication, NSAIDs	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; left thigh pain and back pain; pain medication	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; right knee and back pain; physical therapy, back surgery, pain medication, NSAIDs	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	He has had taken a lot of fluoroquinolone antibiotics for chronic sinus infections in suspect this may have predisposed him to Achilles and iliopsoas tendon tear and tendinopathy, the best recommendation for this would be platelet rich plasma injection. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Hip pain initially started in May 2016. Right ankle pain started October 2016.; There has been treatment or conservative therapy.; Stabbing pain in right hip and right ankle.; Chiropractic care for 8 months and physical therapy for 6 months.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has pain 90% of the day with medication to calm pain. patient has lost time from work because of the pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/10/2013; There has been treatment or conservative therapy.; swelling, pain while walking, sitting, bending and sleeping; patient has taken inflammatory medications, pain medications, injection therapy	2
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; bilateral hip and knee pain; pain medication, NSAIDs	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	4
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		weakness, numbness; This study is being ordered for a neurological disorder.; 03/02/17; It is not known if there has been any treatment or conservative therapy.; weakness, numbness	1

Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; < Enter answer here - or Type In Unknown If No Info Given. >; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.;" "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.;" A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	patient has sob, patient just recently quit smoking and is afraid she could possibly have black mold poisoning from her house; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	weakness, numbness; This study is being ordered for a neurological disorder.;	
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	03/02/17; It is not known if there has been any treatment or conservative therapy.;	1
		weakness, numbness	2
		; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;	
		There is weakness.;	
		Left-sided low back pain with left-sided sciatica I think it's appropriate to proceed with MRI of his L-spine given his CT scan that was done in 2015 that shows significant findings of foraminal stenosis and disc bulge at L3 and L4/L5. He continues to ex; The patient does not have new signs or symptoms of bladder or bowel dysfunction.;	
		The patient does not have a new foot drop.;	
		There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.;	
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient has acute or chronic back pain.;	
		The patient has Neurological deficit(s)	2
		NOne; This is a request for a Knee MRI.;	
		The study is requested for knee pain.;	
		The pain is from a known mass.;	
		The diagnosis of Mass, Tumor, or Cancer has not been established.;	
		The patient has not had recent plain films, bone scan or ultrasound of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		
		This is a request for a foot MRI.;	
		"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.";	
		There is not a suspected tarsal coalition.;	
		There is a history of new onset of severe pain in the foot within the last two weeks.;	
		The patient has an abnormal plain film study of the foot other than arthritis.;	
		The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		
		This is a request for a foot MRI.;	
		"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.";	
		There is not a suspected tarsal coalition.;	
		There is not a history of new onset of severe pain in the foot within the last two weeks.;	
		The patient has an abnormal plain film study of the foot other than arthritis.;	
		The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.;	
		The ordering physician is not an orthopedist.;	
		Non-acute Chronic Pain; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.;	
		The ordering physician is not an orthopedist.;	
		Non-acute Chronic Pain; Locking	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.;	
		The patient had recent plain films of the knee.;	
		The plain films were normal.;	
		The ordering physician is not an orthopedist.;	
		Non-acute Chronic Pain; Pain greater than 3 days	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/02/2016; There has been treatment or conservative therapy; pain, swelling, large amount of drainage , redness, tenderness. arterial Doppler aortoiliac disease on left with pulsatile monophasic flow from the common femoral artery all the way to the foot small vessel disease on right calf; wound care for last three weeks and oral antibiotics	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Intra-abdominal and pelvic swelling, mass and lump, unspecified site; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Lower Abdominal Pain, Low Back Pain, Other fecal Abnormalities, Recent history of dysuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient has an umbilical hernia; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	8
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Palpable mass located in left lower abdomen near source of pain	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1

Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/02/2016; There has been treatment or conservative therapy.; pain, swelling, large amount of drainage , redness, tenderness. arterial Doppler aortoiliac disease on left with pulsatile monophasic flow from the common femoral artery all the way to the foot small vessel disease on right calf; wound care for last three weeks and oral antibiotics	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt was brought to er with chest pain.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; August 2016; There has not been any treatment or conservative therapy.; Tingling to the left side of the body that started about a year ago and has progressed.He has trouble standing with an unsteady gait.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/28/2017; There has been treatment or conservative therapy.; dizziness, double vision, neck pain , numbness and tingling; physical therapy	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; August 2016; There has not been any treatment or conservative therapy.; Tingling to the left side of the body that started about a year ago and has progressed.He has trouble standing with an unsteady gait.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/28/2017; There has been treatment or conservative therapy.; dizziness, double vision, neck pain , numbness and tingling; physical therapy	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NEG XRAYs, FAILED MEDS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2016; There has been treatment or conservative therapy.; MODERATE PAIN WITH RANGE OF MOTION. RADIATING INTO SHOULDER; GIVEN FLEXERIL, GABUPENTIN, MEDROL DOSE PAK, CONSERVATIVE THERAPY.HOME EXERCISES	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; caller will fax over clinicals	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NEG XRAYs, FAILED MEDS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2016; There has been treatment or conservative therapy.; MODERATE PAIN WITH RANGE OF MOTION. RADIATING INTO SHOULDER; GIVEN FLEXERIL, GABUPENTIN, MEDROL DOSE PAK, CONSERVATIVE THERAPY.HOME EXERCISES	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt describes pain as severe; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approximately 3 weeks ago; There has been treatment or conservative therapy.; Pain and tenderness in lower back; anti-inflammatories	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt describes pain as severe; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approximately 3 weeks ago; There has been treatment or conservative therapy.; Pain and tenderness in lower back; anti-inflammatories	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if the study is requested for knee pain; The study is not requested for any of the standard indications for Knee MRI	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Sharp abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		2
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. PRIOR PET SCAN SHOWED TUMOR MARKERS AND DID NOT REVEAL ANY ABNORMALITIES. SOME AREAS COULD NOT BE WELL VISUALIZED. THESE TESTS NOW RECOMMENDED.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	2
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	7
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	member has grave's disease; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ; 2015 MRI revealed a tiny pituitary adenoma. This is a f/u MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Adrenal insufficiency; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	No imaging, elevated prolactin level, discharge in left nipple and lump under the areola. She is having some headaches off and on. They are looking closely at the pituitary.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	NOne; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	5
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	thyroid issues and cycles have stopped, pre diabetic; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ;	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; follow up cts needed see notes.; It is not known if there has been any treatment or conservative therapy.;	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1
Approval	71250 CT CHEST, THORAX	PRIOR PET SCAN SHOWED TUMOR MARKERS AND DID NOT REVEAL ANY ABNORMALITIES. SOME AREAS COULD NOT BE WELL VISUALIZED. THESE TESTS NOW RECOMMENDED.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	She had a history of a posterior mediastinal paraspinal mass at the level of the carina many years ago so he was just doing follow-up on that. Here's what his note from 2010 said: Of interest, she had an MRI of the thoracic spine on August 10, which inci; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" Known Tumor with or without metastasis; ; No, the patient does not have new or changing neurological signs or symptoms.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ;	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	left adrenal and bi lateral mass, pancreatic mass, checking for stability, 6 month post to see if surgery is needed; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No,there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Diabetic patient with gastroparesis.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; follow up cts needed see notes.; It is not known if there has been any treatment or conservative therapy.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; thyroid ULTRA indicating dysphasia. Fatigue,; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 4 or more follow-up abdomen MRIs.; The last abdomen MRI was performed more than 6 months ago.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; It is not known if the ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		Radiology Services	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient had a thyroidectomy and radioiodine ablation.; The patient has a serum thyroglobulin level greater than 10ng/mL.; The patient had a negative whole body I-131 scan.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Denied Not Medically Necessary	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Denied Not Medically Necessary	Radiology Services	10/2016 Injured back lifting a tv Gabapentin Tramadol Flexeril Lyrica; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Denied Not Medically Necessary	Radiology Services	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.	1
Approval	70450 CT BRAIN, HEAD			This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Approval	70450 CT BRAIN, HEAD			This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST			"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST			This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type In Upknown If No Info Given.PATIENT IS HAVING NAUSEA, VOMITING, ALTERED MENTAL STATUS AND DIZZINESS. HE HAS HAD AN EGD THAT WAS NORMAL.US WAS ALSO NORMAL. HE IS HIV POSITIVE. WE ARE TRYING TO R/O ANY BRAIN ISSUES.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; abnormal weight loss, abdominal pain,; medications,	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2016; There has been treatment or conservative therapy.; chest and abdominal pain; antibiotics	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/26/2016; There has not been any treatment or conservative therapy.; Left lower quadrant abdominal pain	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/28/2016; There has not been any treatment or conservative therapy.; Epigastric pain, nausea	1
Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.;	3
Approval	71250 CT CHEST, THORAX	Yes this is a request for a Diagnostic CT A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1
Approval	71250 CT CHEST, THORAX	Abnormal X-Ray, dysphasia; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	barium swallow; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Dec 6, 2016; There has been treatment or conservative therapy.; heartburn, constipation, vomiting, abdominal pain, increasing gas, reflux; medications	1
Approval	71250 CT CHEST, THORAX	Chest pain and dysphasia. Having throat spasms. Scheduled for esophageal mobility testing.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Had a liver transplant 2/4/2015 due to liver cancer. Last CT of chest showed changes in lungs. This is to check those changes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; on going for years; There has been treatment or conservative therapy.; see faxed info; cts for stones	1

Approval	71250 CT CHEST, THORAX	Patient currently being evaluated for a liver transplant. Imaging is following treatment to surveillance for mets.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient currently listed for a liver transplant with abnormal finding on previous CT Chest. Imaging is to evaluate any changes in a patient with hepatocellular carcinoma.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pt had liver transplant in 2008, developing ascites, on long term immunotherapy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2017; There has been treatment or conservative therapy.; accumulation of fluid in the abdominal area; Post liver transplant This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	will fax clinical; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Had a liver transplant 2/4/2015 due to liver cancer. Last CT of chest showed changes in lungs. This is to check those changes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/16; There has not been any treatment or conservative therapy.; ABDOMINAL PAIN , DIVERTICULITIES	1
Approval	72196 MRI PELVIS	atypical hemangioma in left aspect of sacrum 6 month follow up; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	Dr is ordering MRI Pelvis (Defecography) due to Constipation due to outlet dysfunction.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/17/2017; There has been treatment or conservative therapy.; Severe abd pain RLQ pain; Ultrasound small bowel follow through hida scan	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	4
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1
Approval	72196 MRI PELVIS	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; k92.2 GI bleed iron deficiency, Abdominal pain; flagyl and Doxycycline, colonoscopy	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST		6

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No,there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2016; There has been treatment or conservative therapy.; chest and abdominal pain; antibiotics	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/26/2016; There has not been any treatment or conservative therapy.; Left lower quadrant abdominal pain	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/28/2016; There has not been any treatment or conservative therapy.; Epigastric pain, nausea	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	1.4 cm hyperechogenic lesion right lobe of the liver may reflect hemangioma but cannot be definitively characterized. Other foci presumably reflect cysts. Consider biphasic postcontrast CT to further evaluate these findings.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abdominal pain, constipation, abnormal imaging, gallstones; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abdominal pain: Will obtain CT abdomen to evaluate for possible umbilical hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abnormality of AFP, Hx Of Hep C; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	CIRRHOSIS OF THE LIVER, ELEVATED LIVER FUNCTION TEST AND AFP, HISTORY OF HEPATIC ENCEPHALOPATHY; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Complicated PMHx. The GI symptoms may be a manifestation of EDS: recommend colonoscopy and CT to assess further.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Continued pain.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	ELEVATED AFP; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	elevated LFTs and is likely to have NASH.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Having epigastric and abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	None; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient had ultrasound in August that showed cirrhosis. She had a liver biopsy in January that showed Stage 0 fibrosis. Need to get closer imaging of the liver. Ordering Triple Phase CT scan.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt had liver transplant in 2008, developing ascites, on long term immunotherapy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2017; There has been treatment or conservative therapy.; accumulation of fluid in the abdominal area; Post liver transplant	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	3
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	4
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	6
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	3
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	8
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	18
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; abnormal weight loss, abdominal pain,; medications,	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2016; There has been treatment or conservative therapy.; abdomen and pelvic pain, weight loss; antibiotics	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2012; There has not been any treatment or conservative therapy.; Weight loss and left side abdominal pain	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/14/17; It is not known if there has been any treatment or conservative therapy.; ABD pain, CEA 407	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. Abdominal pain, blood in stool  57 yo originally self referred for diverticulitis  He was seen in the ED 5/31 with abdominal pain and started on Abx Reports that he was admitted in Branson with diverticulitis LOS 3 days CT in Branson only showed ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. Gastrointestinal hemorrhage  2. Chronic gastritis  Ashley is here with complaint it's been going on since around Thanksgiving. She is waking up every morning around 3:30 or 4:00 with epigastric abdominal discomfort nauseous and vomiting. She is p; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	80lb loss in the past 3 years; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abdominal pain, hematochezia, constipation, heartburn, change in bowel habits; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	barium swallow; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Dec 6, 2016; There has been treatment or conservative therapy.; heartburn, constipation, vomiting, abdominal pain, increasing gas, reflux; medications	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Chronic Hexi patient; Rectal bleeding - 8 out of 10 pain level. Rebound gastric tenderness.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	did a abdominal exam has rigidity, tender to potion no mass was present; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT have had a previous studies, US of abdomen-showed fatty infiltration of liver; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Left lower quadrant pain with concern for diverticulitis. Patient has had diverticulitis in past with same symptoms present.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; on going for years; There has been treatment or conservative therapy.; see faxed info; cts for stones	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	PATIENT HAD ABDOMEN ULTRASOUND IN 12/09/2016; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	patients Crohns disease markers were elevated.. patient has continuous diarrhea, nausea and vomiting; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Crohn's Disease.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has had a small bowel follow through and upper gi series, labs, stool study and ultrasound; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt. have diarrhea 10 times a day; pain 10/10; constant vomiting; dry heaves and; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	26

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	120
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	7

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	9
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 52-year-old with recent bleeding that was likely diverticular in origin. Looking for the possibility of small bowel pathology, Meckel's diverticulum, et cetera. Requesting CT imaging of the small bowel.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abd pain urgency; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain and changing bowel pattern; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain, ongoing, referred to this doctor 2/23 for gastritis; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; CROHNS DISEASE OF THE LARGE INTESTINE WITH COMPLICATIONS,ACUTE ONSET ABD PAIN,ABNORMAL LABS,R/O OBSTRUCTION OR ACUTE PROCESS,PT WITH COMPLICATED HX OF CROHNS DISEASE; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; diarrhea, persistent right quadrant pain, a risk for fibrosing colonopathy; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Epigastric abdominal pain, Diarrhea, Change in bowel habits, Disease of stomach, and diverticulosis	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; k58.2; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; left lower quad and back pain	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ongoing severe pain for 10 months, bloating;; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient had CT Abdomen/Pelvis performed on January 30th, 2017 that revealed intussusception of jejunum. CT enterography of small bowel being ordered to evaluate further!; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; previous CT shows possible IBS, Pt still having pain, nausea an vomiting, recently had colonoscopy showed mild inflammation in the small intestines; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has diarrhea, trying to r/u pancreatic or any other pathology, c/o of chronic cough, shortness of breath, vomiting, abdominal swelling, cramps and change in bowel movements; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; replaces T# 055611310 which was ab ct only; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Right upper quadrant pain, Irritable bowel syndrome, Loss of appetite, Chronic Diarrhea with now weight loss: flushing, palpitations, etc: Is undergoing 24 hour urine collection per endocrinology: concern would be mastocytosis (need 5 HIA collection), neu	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; The patient reports periumbilical for the past 13 yrs. Pain described as sharp, cramping, dull, squeezing, and discomfort. The pain worsens when her chronic pain medication usually wears off. She also reports nausea and vomiting for the past 3 weeks on a	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; UNKNOWN	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; UNKNOWN; Yes this is a request for a Diagnostic CT	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	13

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; <Enter Additional clinical information >; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; unknown; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Patient has recent colonoscopy and egd that showed patient to have malignant carcinoid tumor of duodenum, high grade dysplasia in colonic adenoma, and a hiatal hernia. Order CT scan to make sure there are no other tumors throughout the GI tract.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	We need to check the patient for infection, abscesses, inflammatory disease; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74181 MRI ABDOMEN		1
Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/16; There has not been any treatment or conservative therapy.; ABDOMINAL PAIN , DIVERTICULITIES	1
Approval	74181 MRI ABDOMEN	5. Screening for HCC: The patient had an ABUS (4.18.2016) concerning for thrombus therefore, will schedule MRI w EOVI protocol to further characterize ABUS findings.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Approval	74181 MRI ABDOMEN	Autoimmune hepatitis. Her disease has been difficult to control in the past. Currently, her liver chemistries are not completely normal but they have only rarely been normal. She is not a candidate for budesonide given her cirrhosis on biopsy; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1

Approval	74181 MRI ABDOMEN	Enter answer here She has had epigastric pain that started September 2016,pain was significant when it stated her pain is episodic most of the time she has abd pain , the pain worse after meals. she has associated shortness of breath with the pain. she ha; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms here epigastric Pain,episodic pain high level of lipase, Disease of stomach and duodenum - or Type In Unknown If No Info Given; Describe treatment / conservative therapy here; H.pylori (neg) 9/14/16; Abd U/s 9/16/16; Hida Scan 1/24/17; EGD 1/27/17; labs 2/2/17 - or Type In Unknown If No Info Given	1
Approval	74181 MRI ABDOMEN	MRI MRCP order as a follow-up and further evaluation of pancreatic cyst, necrosis; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Approval	74181 MRI ABDOMEN	None; This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is not planned for within 30 days.	1
Approval	74181 MRI ABDOMEN	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/17/2017; There has been treatment or conservative therapy.; Severe abd pain RLQ pain; Ultrasound small bowel follow through hida scan	1
Approval	74181 MRI ABDOMEN	Pt. has a abnormal CT scan, elevated lab work, CEA & CA19-9. Pt. has obstructive jaundice & we are looking for a tumor or obstruction in the biliary tract.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74181 MRI ABDOMEN	The P t has liver cancer, hep C and scirosis.; This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.";	15
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; < Enter answer here - or Type In Unknown If No Info Given. >	3

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" Dx at 16 Crohn's disease with fistula of small intestines; loose stools; small bowel obstruction; has a significant high risk of complication	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" Elevated liver functions and enlarged pancreas on recent ultrasound and ct scan.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" Epigastric pain and pancreatic cyst.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" Epigastric is mildly tender on physical exam and her LFT's are elevated.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" He describes sudden onset diarrhea 1 year ago, now occurring 10-15 mins after eating. It is watery and occurs 6-10 times/day. Prior to this, he had 1-2 BMs/week only. He lost 30 lbs initially, his weight is now stable at 120 lbs. He has nocturnal incontin	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" Sepsis, due to unspecified organism	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" Wendy Fry is a 37 y.o. female with a history of Crohn's disease (small bowel) diagnosed in 1997. She presented with V+D, anorexia and fevers at diagnosis. She cannot recall where the disease is located but thinks it is the small bowel. She has not had GI	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is not a surgeon.; There are plain film or ultrasound evidence of vascular abnormality.; history of primary biliary cholangitis, auto immune hepatitis,presistent elevated liver function test	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; 02/29/2016; multilobulated 14 x 17 mm cyst in the pancreatic tail. Again, this could represent a simple cyst, or even a cystic neoplasm of the pancreas.; This is a one year follow up	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; 09/01/2016; Impression: Avidly arterial enhancing liver lesion within segment six measuring 1 cm which shows persistent and progressive contrast enhancement with central enhancing nodule, may represent focal nodular hyperplasia. Suggest followup in 6	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Possible IPMN in the head of the pancreas, will follow with MRI. Patient is not candidate for surgical intervention due to his liver disease.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; unknown	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; N/A	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Rectal bleeding, constant nausea and a 'full feeling'.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	2
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	4
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient is currently listed for a liver transplant, imaging is for surveillance of treated hepatocellular carcinoma.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient is being evaluated for a liver transplant. Imaging is to determine tumor size.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; staging of liver cancer	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.;	2

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; CT SCAN WAS PERFORMED AND THE LIVER MEASURED 21 CM. THERE IS ALSO A LOW DENSITY LESION ON THE LIVER MEASURING 10MM.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; multiple lesions need to be looked at annually	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Other specified diseases of biliary tract	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Will order repeat MRE to evaluate previously noted mid small bowel lesions and thickening. If resolved will continue to peel back therapy.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; EVALUATION FOR A LIVER TRANSPLANT	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient is currently being evaluated for a liver transplant.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient is currently being evaluated for listing for a liver transplant. Imaging is to abnormalities and lesions.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; unknown	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	7
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	7

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; abd ct showed possible lesion on 12/15/2016	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; CT imaging of her abdomen showed a 4.9x3.5cm pseudocyst in the tail of the pancreas along with para-aortic and retroperitoneal lymphadenopathy. The pseudocyst was slightly larger than it was on a previous CT abd from 1/2016 which showed it to be 4.5x3.4cm	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Ct showed masslike appearance in the second portion of the duodeum and wall thickening in common bile duct. She has weight loss, nausea and vomiting, abdom pain.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; follow up MRI	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; None	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; pt has known cirrhosis,	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; Elevated liver enzymes	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; It is not known if the patient had and abdominal ultrasound, CT or MR study.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Liver lesions This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; Abdominal Ultrasound should can not rule out liver mass vs fatty liver sparing.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient has a history of cirrhosis and has complaints of LUQ abdominal pain. Had recent ultrasound of abdomen and there were multiple hepatic masses noted. Recommended MRI	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient has MRI last year that showed a pancreatic lesion. Recommended one year follow up MRI.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; Pt had a abdom Ultrasound that showed a 2.1 cm liver lesion and bilateral renal cyst. He has left upper quad pain.	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; It is not known if the patient had an abdominal ultrasound, CT or MR study.; abnormal US showing a mass that has occurred within the last 6 months	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	2
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	2
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; 42-year-old with multiple GI complaints and a significant history of small bowel resection. He has also had a past history of abnormal liver tests. Recent CBC, CMP, TTG Ab, and thyroid testing were relatively unremarkable. Odd finding in cecum.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; elevated AFP	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; has cirrhosis of the liver	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; male with a history of Crohn's disease (terminal ileum) diagnosed in 2007 in Conway	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; pt had US showed dilated biliary tree	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; R/O abnormality in the tail of the pancreas, such as a pancreatic cyst.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; She describes the pain as dull and radiating to her back and flanks. She denies any diarrhea or steatorrhea. A 90 minute GES was completed and report reviewed which showed 48% residual at 90 minutes. She has not had another GES but she states that when Dr.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; She reports a flare of symptoms for the past 2 weeks. Pain in the RIF going through to the back -beginning to ease now. She has been assessed at outside facilities and has had appendicitis excluded. Weight has decreased 11 lbs in the past 2 weeks accordin	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; unknown	2
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Vomiting, bloody stool, abdominal pain, previous pancreatitis	1
Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74181 MRI ABDOMEN	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; k92.2 GI bleed iron defeciency, Abdominal pain; flagyl and Doxycycline, colonoscopy	1
Approval	74185 MRI ABDOMEN WITH/WITHOUT CONTRAST	This is a request for a MR Angiogram of the abdomen.	1

Approval	74261 CT Colonography, diagnostic without contrast	; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Approval	74261 CT Colonography, diagnostic without contrast	patient has exertional chest pain; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Approval	74261 CT Colonography, diagnostic without contrast	Patient needs CT colon due to not able to tolerate anesthesia due to abnormal EKG, pt has iron def anemia; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Approval	74261 CT Colonography, diagnostic without contrast	PT was unable to complete it bc they were only able to go so far in the colon due to angulation; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Approval	74263 CT Colonography, screening	This is a request for CT Colonoscopy for screening purposes only.	1
Approval	75571 Coronary Artery Calcium Score, EBCT	Mrs. Cook is a 63-year-old with cryptogenic cirrhosis referred for a liver transplant evaluation. Her MELD is only at 14. She is having a follow up EGD later today. Although she is frail, will start her LT evaluation. Diagnoses are as follows: 1. Cryptog; This is a request for a CT scan for evaluation of coronary calcification.	1
Approval	75571 Coronary Artery Calcium Score, EBCT	Patient currently being evaluated for a liver transplant, patient has a history of hypertension and short of breath. Imaging is to determine abnormal cardiac activities.; This is a request for a CT scan for evaluation of coronary calcification.	1
Approval	75571 Coronary Artery Calcium Score, EBCT	Patient currently being evaluated for a liver transplant.; This is a request for a CT scan for evaluation of coronary calcification.	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient currently being evaluated for a liver transplant.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient with HCC currently being evaluated for a liver transplant with abnormal EKG.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1
Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; It is not known if patient is an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed.; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; It is not known if patient has acute pancreatitis.	1
Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will not be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient does not have acute pancreatitis.	1
Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	2
Approval	S8037 mrcp	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. 6mos follow-up for pancreatic cyst; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Approval	S8037 mrcp	abdominal pain elevated liver function; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Approval	S8037 mrcp	elevated liver function , normal ab/ pel ct; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Approval	S8037 mrcp	elevated liver function , normal ab/ pel ct; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1

Approval	S8037 mrcp	<p>Enter answer here She has had epigastric pain that started September 2016,pain was significant when it stated her pain is episodic most of the time she has abd pain , the pain worse after meals. she has associated shortness of breath with the pain. she ha; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms here epigastric Pain,episodic pain high level of lipase, Disease of stomach and duodenum - or Type In Unknown If No Info Given; Describe treatment / conservative therapy here; H.pylori (neg) 9/14/16; Abd U/s 9/16/16; Hida Scan 1/24/17; EGD 1/27/17; labs 2/2/17 - or Type In Unknown If No Info Given</p>	1
Approval	S8037 mrcp	<p>history of nausea and abdominal pain elevated liver and lipase this is to rule out biliary obstruction biliary rubin is 9.1; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient does not have acute pancreatitis.</p>	1
Approval	S8037 mrcp	<p>hx of pancreatitis; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.</p>	1
Approval	S8037 mrcp	<p>Patient has a history of fatigue and nausea. Also complains of abdominal pain in her lower abdomen along with bloating and cramping. She had recent liver biopsy for elevated liver functions. Pathology showed occasional microgranulomas within the lobules. ; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.</p>	1
Approval	S8037 mrcp	<p>PREVIOUS CT HAS BEEN PERFORMED AT THE ER SHOWING INFLAMMATION AND PANCREATITIS; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.</p>	1
Approval	S8037 mrcp	<p>pt is now having nausea and vomiting, cyst on liver and pancreas. Pt has completed chemo tx radiation tx for colon cancer. Pt's mother & father & brother all died of either liver or pancreatic cancer.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.</p>	1
Approval	S8037 mrcp	<p>R/O ductal disease; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.</p>	1

Approval	S8037 mrcp		She had similar pain when she had an ERCP with stone removed 11/2015 and 9/2016 with gravel removed. She states she has a fever of up to 102 2-3 days a week. If the MRCP is positive we will continue with the ERCP.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
			This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	
Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1
Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	1
Approval	S8037 mrcp		Unexplained pancreatitis, normal liver testing, normal ultrasound, nausea, vomiting, epigastric pain, normal EGD, normal CT in January; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Approval	S8037 mrcp		UNKNOWN; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Approval	S8037 mrcp		US report suggested MRI / MRCP be done to evaluate the dilated common duct.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Approx June / July 2016; There has been treatment or conservative therapy.; Pt. is having nausea, anorexia & weight loss.; Pt. was placed on Nexium for finding of Gastritis from EGD, no relief of symptoms. Pt. has had a US that showed a dilated common duct. CT was also ordered.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	He also has curious episodes of severe right-sided jaw pain, brought on following an episode of straining, centred at the right TM joint, which spreads to the neck. This pain then heralds the onset of a high fever (103 degrees) that lasts for 4 days. He h; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Disapproval	70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The pt has had a complete GI work up. All testing normal and we can not find any reason for the nausea and vomiting with weight loss. Trying to rule out anything in the brain that might be causing her issues.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; NOT requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2016; There has been treatment or conservative therapy.; abdomen and pelvic pain, weight loss; antibiotics	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2012; There has not been any treatment or conservative therapy.; Weight loss and left side abdominal pain	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2016; There has been treatment or conservative therapy.; abdominal pain, chest pain, difficulty swallowing, reflux, constipation.; meds, diet changed, edg	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2014; There has been treatment or conservative therapy.; unknown; medication	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	suspected malignancy or tumor; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal labs; This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lab work abnormal; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	nausea, heartburn, abdominal pain, and frequent diarrhea; nausea, heartburn, abdominal pain, and frequent diarrhea;weight gain (10lbs) and exercise intolerance;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient had EGD, left upper quadrant pain, chronic gastritis; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Possible mass and weight loss; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	right upper quadrant pain, nausea, Hepatitis: Y - Chronic Hepatitis C, Gallstones: Y, Cirrhosis: Y, Liver Disease: Y, Notes: Hep-C, cirrhosis, hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	suspected malignancy or tumor; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy;	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2014; There has been treatment or conservative therapy.; unknown; medication	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	3

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abd extended; tenderness r upper/lower quad; bloating; pain; nausea; change in bowel habits	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abd pain diarrhea loss of appetite	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; na. not sure; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; prolonged right upper quadrant abdominal pain	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; William G Hanley is a 51 y.o. male with a history of EDS, Kleinfelters, GERD, hemorrhoids, Celiac Disease, vWD, and chronic "bowel blockages" who presents for severe abdominal pain. Patient has h/o chronic bowel blockages seen at multiple ERs over the pas; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	xray completed with no evidence of abnormality; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/06/2016; There has been treatment or conservative therapy.; epigastric pain, nausea, vomiting, weakness, fatigue, weight loss, night sweats/chills, constipation; EGD, medications	1

Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; It is clear that pt has aminotransferase elevations associated with systemic inflammation and abdominal pain and nausea in a cyclic fashion. I cannot account for her joint pains or autoantibody positivity; however, the remainder of symptoms may be attribu	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; RUQ & LUQ abdominal pain with elevated liver function lab work. Negative gastric emptying scan and negative CTA.	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2015; There has been treatment or conservative therapy.; abdomen and viotiming, abnormal labs; ct scan and ultrasound and oral medication	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	US report suggested MRI / MRCP be done to evaluate the dilated common duct.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Approx June / July 2016; There has been treatment or conservative therapy.; Pt. is having nausea, anorexia & weight loss.; Pt. was placed on Nexium for finding of Gastritis from EGD, no relief of symptoms. Pt. has had a US that showed a dilated common duct. CT was also ordered.	1
Disapproval	74261 CT Colonography, diagnostic without contrast	Radiology Services Denied Not Medically Necessary	This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has not undergone an attempted but incomplete conventional colonoscopy.; This patient does not have a known obstructing colorectal cancer.; The member had colon screening studies completed prior to this request.	2
Disapproval	74263 CT Colonography, screening	Radiology Services	This is a request for CT Colonoscopy for screening purposes only.	3
Disapproval	75571 Corornary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically	; This is a request for a CT scan for evalutation of coronary calcification.	1
Disapproval	S8037 mrcp	Radiology Services Denied Not Medically	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1

Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/06/2016; There has been treatment or conservative therapy.; epigastric pain, nausea, vomiting, weakness, fatigue, weight loss, night sweats/chills, constipation; EGD, medications Pt. has a abnormal CT scan, elevated lab work, CEA & CA19-9. Pt. has obstructive jaundice & we are looking for a tumor or obstruction in the biliary tract.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2015; There has been treatment or conservative therapy.; abdomen and viotiming, abnormal labs; ct scan and ultrasound and oral medication	1
Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary		1
Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		This is a request for a temporomandibular joint MRI.	1
Approval	70450 CT BRAIN, HEAD			2
Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	2
Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	2
Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1

Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	6
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	4
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Severe Claustrophobia is the reason an MRI is not being considered	2
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; There is another reason why an MRI is not being considered; The CT will show the brain better than a MRI	1
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 02/21/17; There has been treatment or conservative therapy.; numbness and tingling; pain medications	1
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 01/05/2017; There has been treatment or conservative therapy.; congestion (severe) bilateral ear pressure, vision changes, unproductive cough; prescription medication	1

Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/31/2017; There has been treatment or conservative therapy.; having dizziness room spinning loss of hearing pain worsening; Medications	1
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/31/2017; There has not been any treatment or conservative therapy.; dizziness and nausea and bruising underneath the eye	1
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2 weeks ago; There has not been any treatment or conservative therapy.; severe headache, weakness, increasing pain, radiculopathy	1
Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/16/17; There has not been any treatment or conservative therapy.; headache, neck ache and pain. back pain. Fell. .; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. ; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	2
Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	2
Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; 12/30/16; There has been treatment or conservative therapy.; Back pain radiating down legs; Physical therapy, naprosyn, flexeril, tylenol #3 , medrol dose pack	1
Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; For CT of Brain, onset from a fall December of 2016  For CT of Chest, onset summer of 2016; There has been treatment or conservative therapy.; For CT of Brain: Last Summer she was admitted to the hospital, in Georgia, for double pneumonia. They said when she gets back home she needs to follow up with PCP and never did. Did not go to the Pulmonologist referral either. Since discharge, she has c;	1
Approval	70450 CT BRAIN, HEAD	43 year old male presents with worsening, severe headaches with blurred vision and nausea.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Approval	70450 CT BRAIN, HEAD	acute intractable headache, suspicion of bleeds or tumor; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Approval	70450 CT BRAIN, HEAD	closed head injury, concussion without loss of consciousness, photophobia, nausea; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1

Approval	70450 CT BRAIN, HEAD	DIZZINESS, BLURRED VISION, BLURRED VISION, RINGING IN BOTH EARS. GOING ON FOR ABOUT ONE MONTH.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; It is unknown why an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD	Documentation will be faxed; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	FOUR PREVIOUS BRAIN SURGERIES, MEMORY LOSS. RECENTLY LOST JOB DUE TO THE MEMORY LOSS.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD	frequent falls, ear and nose bleeds, weakness, knees buckle when stands, palpitations, headaches, diabetes, history of heart disease.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Approval	70450 CT BRAIN, HEAD	H/A is interfering with her daily activity, with pain going into her both eyes, rest is helps but she has to be there for hours, room has to be dark, noise sensitive; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	He has a history of prostate cancer. Patient is diabetic, long time smoker; This study is being ordered 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.; Dysphagia, sore throat, feels like lump in his throat	1
Approval	70450 CT BRAIN, HEAD	head trauma and headaches; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	HEAD TRAUMA. WAS HIT IN THE BACK OF HEAD AND SHOULDER BLADES WITH HAMMER. COMPLAINS OF DIZZINESS, SEVERE PAIN, HEADACHE.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1

Approval	70450 CT BRAIN, HEAD	headache due to head trauma; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	Headache is getting more severe, a month ago he was having balance issues, now he is having headaches and blacking out.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD	Headache, wakes up and her head hurts a lot. It felt swollen in the morning and she takes Ibuprofen, in the last month it has not worked but shes still taking it. In the last week if she turns she feels dizzy, states its a lightheaded dizziness, has never; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	headaches start on one side and intensifies;; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	Headaches that have not improved with medication. medications ketorolac 15 mg/mL injection solution; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	history of brain bleed, dizziness; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	left sided weakness, moving eyes makes headache worse. feels weak on left side of body; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD	left sided weakness; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1

Approval	70450 CT BRAIN, HEAD	lymphadenopathy of the cervical and headaches; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; steroids anti inflammatories	1
Approval	70450 CT BRAIN, HEAD	memory loss; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	N/A; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	n/a; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Approval	70450 CT BRAIN, HEAD	needing ct head to eval vertigo symptoms and chronic sinusitis. Ct head can show all of the above whereas ct sinus will only limit views to the sinus area rather than the entire head. looking to r/u chronic sinusitis that is causing vertigo vs. something; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; There is another reason why an MRI is not being considered; needing ct head to eval vertigo symptoms and chronic sinusitis. Ct head can show all of the above whereas ct sinus will only limit views to the sinus area rather than the entire head	1
Approval	70450 CT BRAIN, HEAD	no; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	none; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD	pain behind eye, nausea and vomiting, ringing in ears; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Approval	70450 CT BRAIN, HEAD	<p>patient failed in office mini mental exam, needs ct to evaluate short term memory loss; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.</p> <p>Patient had a recent fall with head trauma, patient and family members reports confusion and difficulty staying awake since the fall . Also patient has had multiple syncope episodes; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.</p>	1
Approval	70450 CT BRAIN, HEAD	<p>Patient has a 4 cm indurated nodule to forehead, superior to bridge of nose. Nodule is increasing in size.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.</p> <p>PATIENT HAS BEEN HAVING EPISODES OF SYNCOPE; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.</p>	1
Approval	70450 CT BRAIN, HEAD	<p>Patient presented in office today due to left sided numbness to face and arm and headache to right side of head.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is able to have a Brain MRI for evaluation of these symptoms.</p> <p>PATIENT PRESENTS TO CLINIC WITH LEFT SIDED PARESSESIA.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered</p> <p>Patient states chronic headache that wakes her up at times.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.</p> <p>Patient was knocked unconscious and have been having seizures since.; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.</p>	1
Approval	70450 CT BRAIN, HEAD		1
Approval	70450 CT BRAIN, HEAD		1
Approval	70450 CT BRAIN, HEAD		1
Approval	70450 CT BRAIN, HEAD		1

Approval	70450 CT BRAIN, HEAD	Patient with head injury while on Eliquis. Patient has a quarter sized abrasion just above the left lateral portion of the left eyebrow. Has swelling noted without bruising or erythema.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	Persistent Headache  neck and head lymphadenopathy  concern for some form of abnormal lymphoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with continued headaches and lymphadenopathy. This has not resolved and has developed vague chest pains. Concerned for some form of abnormal lymphoma.; There has been treatment or conservative therapy.; New Daily Persistent Headache  Head & Neck Lymphadenopathy; Patient was given clindamycin @ FastCare to take for 10 days and still has not helped any.	1
Approval	70450 CT BRAIN, HEAD	PREVIOUS HISTORY OF STROKE; This study is being ordered for a neurological disorder.; 02/23/2017; There has not been any treatment or conservative therapy.; RIGHT SIDED WEAKNESS	1
Approval	70450 CT BRAIN, HEAD	Problems remembering things, altered mental status, someone reported he had a seizure but he doesn't remember either of them.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
Approval	70450 CT BRAIN, HEAD	Pt has a h/x of thunderclap headaches and thrombocytopenia; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	pt has been experiencing intense headaches with seizures; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Approval	70450 CT BRAIN, HEAD	rule out CVA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/03/2017; There has not been any treatment or conservative therapy.; visual disturbances	1

Approval	70450 CT BRAIN, HEAD	RULE OUT MASS; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	RULE OUT TEMPORAL ARITIS; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD	SEE MRI REPORT.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications Sensitive to light Knot on her head for several months Gets woken up in the middle of the night with the headache Hurts her head all over; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	Severe headache with neck pain and nausea.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	severe headaches, started after head trauma. wake him at night. meds are not working; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	She is stating that she lost days a few weeks ago. She doesn't remember them and come to and realized her house was trashed.  She is experiencing dizziness and falling.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Approval	70450 CT BRAIN, HEAD	STRONG FAMILY HISTORY. THE SMELL OF CIGARETTES COMES AND GOES AND LAST UP TO 15 AND 20 MINUTES; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a loss of smell.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Approval	70450 CT BRAIN, HEAD	Suspected TIA; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1

Approval	70450 CT BRAIN, HEAD	Suspected TIA; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	2
Approval	70450 CT BRAIN, HEAD	Syncopal episode (almost passed out); This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	30
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	5
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	2
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	14

Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	145
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is an evaluation for a bone tumor or abnormality of the skull.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	16
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	10
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	16
Approval	70450 CT BRAIN, HEAD	Traumatic brain injury  Hemorrhagic CVA  Short term memory loss. Cervicalgia after MVA. Chronic headaches & migraines. Paresthesias in different parts of the body.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
Approval	70450 CT BRAIN, HEAD	Unknown.; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1

Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Approval	70450 CT BRAIN, HEAD	Unknown; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70450 CT BRAIN, HEAD	Vertigo, fatigue, confusion; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Approval	70450 CT BRAIN, HEAD	weakness and numbness in all 4 ext that lasts for greater than 30 min. lightheaded and dizzy lasting 40 min. no vertigo; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; There is another reason why an MRI is not being considered; MRI would be okay with Provider, is usually not approved	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	2

Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC. 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/31/2017; There has not been any treatment or conservative therapy.; dizziness and nausea and bruising underneath the eye	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	9
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	6
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; face pain down to left side of neck and swelling; anti- inflammatory	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/31/2017; There has been treatment or conservative therapy.; having dizziness room spinning loss of hearing pain worsening; Medications	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	chronic sinusitis not responding to antibiotics; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Deviated septum surgery 2016, but has not found relief; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Facial swelling; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Fever. Fatigue.  Facial tenderness, frequent throat clearing, Nasal congestion, Nasal drainage, Purulent nasal drainage, Sinus pressure,Cough.Tried and failed antibiotics ceftin,decadron injection,dexameth na injection.Now on Bactrim since 2/6/17; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	migraine HA about 12 a year cluster pattern, sharp throbbing. History of craniosynostosis, s/p surgical release of coronal suture as infant. Permanently dysmorphic forehead, concave in left and convex in right. Symptoms started about 8-9 weeks ago started; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	ONGOING EYE PAIN SINCE THE ANTIBIOTICS; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Other reporting data Patient complaining of yellow sinus discharge, productive cough with thick yellow sputum, states sinus drainage runs down back of throat causing him to very nauseated in the morning, onset one month ago and failed to get better after ; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	patient has a foreign body in his sinus cavity. xray shows metal object; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	PATIENT IS HERE WITH DECREASED AIR FLOW TO LEFT NOSTRIL AND HITTING HIS NOSE ON ANOTHER PERSONS HEAD; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Patient works at resort cable and states on Monday an object he was working with fell on his face. His left eye is swollen, bruised, and is painful. He states that he started having a headache yesterday. No vision disturbances noted. Pt states it was a w; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Pt has had problems with sinuses for two years. Pt has purulent drainage, headaches. Pt is having ear pain associated with this as well.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	pt with sinusitis since 2/14/17. failed treatment with augmentin, steroids, levofloxacin, claritin, Patient complains of acute sinusitis, other. This has been a problem for the past 10 to 12 months. The pattern of symptoms is described as chronic. ; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	still having sinus issues, he did get better but then he s/s quickly returned after taking meds, he states his sense of smell did return but now he cannot smell; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	3
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	5
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	11

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	19
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	6
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	19
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	will fax; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 02/20/2017; There has been treatment or conservative therapy.; pain; pain medications, ice, heat, stretching techniques	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/5/17; There has been treatment or conservative therapy.; abdomen/pelvis, tenderness, fatigue, neck- swelling,; ultra sounds done	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2/10/2017; It is not known if there has been any treatment or conservative therapy.; shortness of breath/gasp for air/dyspnea/difficulty swallowing/choking	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; face pain down to left side of neck and swelling; anti- inflammatory	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	fullness palpated anteriorly; cervical mass; hypothyroidism; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	He has a history of prostate cancer. Patient is diabetic, long time smoker; This study is being ordered 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.; Dysphagia, sore throat, feels like lump in his throat	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	known smoker, lymphadenopathy, worsening SOB; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Lack of energy noted. patient describes of fatigue moderate tiredness for the last 5 months. This has been a constant problem. She denies associated symptoms. She is not taking any medications. Patient states that she use to take medication for her t; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	lymphadenopathy of the cervical and headaches; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; steroids anti inflammatories mass interior neck just below the jaw line. pt is having hair loss and fatigue; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	member had more then 1 mass and ultra sound was abnormal; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	none; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	NONE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has been treatment or conservative therapy.; The Pt has an enlarged nodule on left side of neck. Pt has nausea and abdominal Pain.; Medication therapy	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Opinion: Solid echoheterogenous 4.3 cm mass demonstrating abundant internal arterial and venous flow is present adjacent to the right submandibular gland. I cannot determine its etiology with certainty. I favor neoplasm arising from the right parotid gland; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient has supraclavicular mass. Patient has a history of breast cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Persistent Headache  neck and head lymphadenopathy  concern for some form of abnormal lymphoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with continued headaches and lymphadenopathy. This has not resolved and has developed vague chest pains. Concerned for some form of abnormal lymphoma.; There has been treatment or conservative therapy.; New Daily Persistent Headache  Head & Neck Lymphadenopathy; Patient was given clindamycin @ FastCare to take for 10 days and still has not helped any.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	PT HAVING ISSUSE WITH THERE JOINTS AND SLEEPING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2/2015; There has not been any treatment or conservative therapy.; NECK PAIN pt is unable to swallow and has multiple knots in her throat; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The lump started 1-2 years ago, The lump is located under the chin,The affected area is draining purulent material not warm is tender at times - is intermittently swollen, The size of the lump is less than 1 cm but patient states can get as big as 2 cm, ; 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 got smaller.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	3
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	3
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	3
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	12
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	48
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	THIS PATIENT HAS HAD A RECENT EGD DONE AND IT HAS SHOWED SHE HAS A LARGE MASS ON THE OUTSIDE OF HER ESOPHAGUS. THIS NEEDS TO BE FURTHER EVALUATED, SO THESE TEST ARE NECESSARY; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	6
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	10
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	5
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	CT scan1-2 months ago at BHMC-NLR reportedly showed a sinus polyp; This study is being ordered for a neurological disorder.; Neck pain for the last 2 years.; There has been treatment or conservative therapy.; The location is primarily back of head from neck area. The pain radiates to the neck. Associated symptoms include nausea, vision disturbance and vomiting; He has tried Naproxen, Tylenol, BC, hydrocodone (which helped)	1

Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Date of initial onset: MUSCULOSKELETAL: normal gait; range of motion: decreased ROM in right shoulder; pain with ROM of right shoulder; Crepitus, Tenderness, Effusion: tenderness noted in the exquisite over the right anterior chest wall and shoulder/espec; This study is being ordered for trauma or injury.; MUSCULOSKELETAL: normal gait; range of motion: decreased ROM in right shoulder; pain with ROM of right shoulder; Crepitus, Tenderness, Effusion: tenderness noted in the exquisite over the right anterior chest wall and shoulder/especially of the clavicle; There has not been any treatment or conservative therapy.; Date of initial onset: MUSCULOSKELETAL: normal gait; range of motion: decreased ROM in right shoulder; pain with ROM of right shoulder; Crepitus, Tenderness, Effusion: tenderness noted in the exquisite over the right anterior chest wall and shoulder/espec	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	It is unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Patient has pain in his neck that radiates to his head. Patient states the pain is sharp. C/o decreased mobility, spasms, weakness, and nausea x6weeks.; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Patient is a pleasant 41 year-old white female who presents to clinic complaining that 2 days ago she woke up with left ocular pain. She states when she moved her eyes she would feel discomfort. She then 1 day ago woke up and had loss of lower visual fiel; This study is being ordered for a neurological disorder.; 03/06/2017; There has not been any treatment or conservative therapy.; Left ocular pain. She states when she moved her eyes she would feel discomfort. loss of lower visual field and left peripheral vision.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70544 Mr angiography head w/o dye	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1

Approval	70544 Mr angiography head w/o dye	current headaches and since this has not been done in over 10 years then I recommend that she get this; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; document in notes that pt has had headaches since 7/10/16. taking soma and aleve with no relief.; There has been treatment or conservative therapy.; headaches worsening over the last 3-4 days. no change in vision. no numbness or tingling. her last MRI of brain was 15 years ago. last angiogram of brain was 30 years ago and it was normal. mother and brother both died of aneurysms.frequent or severe head; taking soma and aleve without relief. headaches worsening over the last 3-4 days. no change in vision. no numbness or tingling. her last MRI of brain was 15 years ago. last angiogram of brain was 30 years ago and it was normal. mother and brother both die	1
Approval	70544 Mr angiography head w/o dye	high blood pressure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/19/2017; There has not been any treatment or conservative therapy.; vision loss, dizziness Pt had a CT in the ER that was abnormal and now requesting these studies for possible aneurysm; This study is being ordered for Vascular Disease.; 2/8/17; There has not been any treatment or conservative therapy.; Pt has headaches, dizziness, heart palpitations, vertigo, weakness	1
Approval	70544 Mr angiography head w/o dye	SISTER HAD SUBARACHNOID BLEED; This study is being ordered for a neurological disorder.; PATIENT IS HAVING INCREASED HEADACHES WITH SISTER HAVING SUBARACHNOID BLEED; It is not known if there has been any treatment or conservative therapy.; INCREASED HEADACHES	1
Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	9
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	3

Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."	1
Approval	70547 Mr angiography neck w/o dye	high blood pressure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/19/2017; There has not been any treatment or conservative therapy.; vision loss, dizziness	1
Approval	70547 Mr angiography neck w/o dye	The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.	1
Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Neck MR Angiography.	1
Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."	1
Approval	70547 Mr angiography neck w/o dye	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	6
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		8

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	3

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ER VISIT 2/27/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; X-RAY, MEDICATION	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; HEADACHES / BACK PAIN /	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has been treatment or conservative therapy.; neck pain trimmers nerve pain down left arm lower back pain; pt amd medicine	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 02/21/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Pain medication and muscle relaxants.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pain pills	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	. In regard to the headache, onset was more than 6 months ago. The location is primarily left occipital. She has had prior headaches similar to this one. She characterizes it as moderate in severity and "knife-like". Associated symptoms include vision dis; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was normal.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	2

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 03-02-2017; There has not been any treatment or conservative therapy.; Sudden onset left side numbness, hyperreflexia, blurred vision in left eye	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	27 year old here states that he is still having some problems, feels like he has something neurological going on. Onset over 4 years ago. States that his mother has a chiari malformation and he is scared that he has something neurological going on.  1) ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	36 year old here with complaints of Migraines. Onset 1 year ago. Reports that today's headache started about 2 hours ago. Located in the back of his head and over his eyes and nose. Pressure. Reports blurry vision. Headaches have progressively gotten wor; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4.9mm nodule in the right lower lobe that does not appear to be calcified, meaning it is likely benign but I would like to order a a CT scan of the chest to eval newly found lung nodule in a smoker with a cough a 26# unexplained weight loss over the past ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4.9mm nodule in the right lower lobe that does not appear to be calcified (found in chest xray on 12/29/16), meaning it is likely benign but I would like to order a a CT scan of the chest to eval newly found lung nodule in a smoker with a cough a 26# unex; There has been treatment or conservative therapy.; 4.9mm nodule in the right lower lobe that does not appear to be calcified, meaning it is likely benign but I would like to order a a CT scan of the chest to eval newly found lung nodule in a smoker with a cough a 26# unexplained weight loss over the past ;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Abn finding on Brain MRI in 2014; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Abnormal swallowing, bilateral side laxity of temporomandibular joint ligament, limited mandibular range of motion, bilateral muscle spasm, bilateral myalgia, left otalgia bilateral pain in jaw, bilateral temporal tendinitis and temporomandibular joint disorder; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.); The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ATAXIA,WEIGHT LOSS,EXTREMITY WEAKNESS,GAIT DISTURBANCE,ANXIETY ,DEPRESSION; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	brain ct showed cyst; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	c/o full body tremors yesterday. episode lasted 45 min. Went to ER/ ambulance. Did not lose consciousness during this episode. This is the first time this has happened. Associated s/s include "tongue thickening", nervousness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chronic headaches with failed medication attempts.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	chronic headaches, stabbing pain, increased on medicines, r/o tumor; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chronic migraine headaches, was seen by her eye doctor and had abnormalities on retinal examination consistent with optic neuritis. She has not had any specific neurological symptoms that she was aware of but findings could well be consistent with early M; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	concussion with loss of consciousness due to a fall.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head was between 24 hours and 1 week ago.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	confusion, gait disturbance, auditory hallucinations, history of CVA; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	confusion, vertigo, visual changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ct scan recommends mri; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CT scan1-2 months ago at BHMC-NLR reportedly showed a sinus polyp; This study is being ordered for a neurological disorder.; Neck pain for the last 2 years.; There has been treatment or conservative therapy.; The location is primarily back of head from neck area. The pain radiates to the neck. Associated symptoms include nausea, vision disturbance and vomiting; He has tried Naproxen, Tylenol, BC, hydrocodone (which helped)	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ct was negative, recommend MRI. Her symptoms are worsening.; This study is being ordered for a neurological disorder.; 12/03/2016; There has been treatment or conservative therapy.; headache, blurred vision, pain in left arm, dizziness, right side facial numbness; Pt was in ER given medication for migraine. She had ct which came back negative. She is having cont. symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	current headaches and since this has not been done in over 10 years then I recommend that she get this; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; document in notes that pt has had headaches since 7/10/16. taking soma and aleve with no relief.; There has been treatment or conservative therapy.; headaches worsening over the last 3-4 days. no change in vision. no numbness or tingling. her last MRI of brain was 15 years ago. last angiogram of brain was 30 years ago and it was normal. mother and brother both died of aneurysms.frequent or severe head; taking soma and aleve without relief. headaches worsening over the last 3-4 days. no change in vision. no numbness or tingling. her last MRI of brain was 15 years ago. last angiogram of brain was 30 years ago and it was normal. mother and brother both die	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Dec 9, 2016 - Patient presents to the clinic today with complaints of migraines, nausea/vomiting, and possible anemia. States that she was also in a wreck last Saturday. Her car hydroplaned and she ended up hitting her head on the steering wheel. 2) Her; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	difficulty moving on her own; This study is being ordered for a neurological disorder.; 9/22/2016; There has been treatment or conservative therapy.; pins and needles and spasms in feet for the past month, hard for Pt to move legs and hands, unable to function properly, stiffness in LE. Work up was negative; medication	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	dix hallpike without nystagmus but dizziness for 3-5 seconds. repeated and same result without nystagmus but dizziness prolonged. romberg wnl. EOMi. can ambulate without assist. RAMs intact. .; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/04/2017; There has not been any treatment or conservative therapy.; Patient c/o dizziness since Wednesday and she called Friday and we called her in some Meclizine. The dizziness is still there and now her (R) ear is bothering her. SHE states this is worse than the dizziness she had in August.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Duration of Symptoms: Start: 12/02/2016 ; Physical Exam Findings: timing no pattern; dizziness; photophobia; tender over left scalp and forehead; worsened with sumatriptan and menstruation; affected left temporal and left ocular. The severity of the pr; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - 1.; Assessment; Recurrent sinusitis (J32.9).; ; Impression; bactroban. Flonase, Saline nasal rinses. Finish 2 weeks Doxycycline. If sinusitis reoccurs, will refer to ENT. Pt aware. ; ; 2.; Assessment; Intractable migraine with au; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type Unknown If No Info Given. ; ; migraine headache with aura; pain with chewing, phonophobia, photophobia, difficulty sleeping and vision disturbance (scotoma, visual distortion with wavy lines.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type In Unknown If vision problems Pt c/o of right visual disturbances , twitching, light sensitive, has been happening about 2 weeks. SSimmons, LPN ; ; ; History of Present Illness ; Followup: ; Pt with right sided eye di; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	EnVOMITING/HA/FACE SWOLLEN, onset yesterday am, vomiting,severe HA Excedrin migraine not working, G. Fernando LPN. ; HPI: ; Followup; Marketta comes in with a bad headache, comes in with her husband. Says she began yesterday. She says s; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Evaluation of optic neuritis; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Family history Alzheimer mother died from it. patient experiencing memory loss .also lab works was done the result have not come back yet; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	family history of 1st degree relative with Prolactinoma . Pt would like to discuss headaches that she has had off and on for about 2 years.. ; HPI: ; Headache; Patient has had a worsening headache over the last year. It was previously s; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	frequent or severe headaches, pt has a history of migraines, she has been getting more headaches ever since she had the shingles; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	galactorrhea not associated with childbirth. She has developed this collect 3 over the last 2 months. I am going to check a tsh, prolactin level and will do a urine pregnancy test. She had a normal mammogram about 15 months ago. She also has an elevated p; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Has been getting headaches. Had her carotid repaired. Still has problem with salivary gland on the left side according to Dr. Chapman. Had a stents done for a narrowed area in her celiac and superior mesenteric arteries.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	having vertigo, and tinnitus, acute sinusitis with no improvement of symptoms; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HEAD ACHE WITH VISION LOSS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headache for couple of month and getting worse; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headache on one entire side. Sharp or stabbing, throbbing, pounding, lasts one to three days, chronic/recurring, upon waking, worse when standing or sitting up, with light and noise. often relieved by sleep, accompanied by nausea and/or vomiting.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headache post MVA, now about 8wks out and not much improvement   Headache noted. Onset was 8 weeks ago. The location is primarily occipital. She characterizes it as severe and throbbing. She denies any associated symptoms. There do not seem to be a; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headache x 2 years and is severe.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches have tingling arm pain along with neck pain paresthesia. Xray does show degenerative changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	high blood pressure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/19/2017; There has not been any treatment or conservative therapy.; vision loss, dizziness	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Impression She has true vertigo with nausea, morning bi-temporal headaches, she constantly feels drunk or car sick. She gets more dizzy shutting eyes. She feels off balance.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Impression Tinnitus likely secondary to Meniere's Disease. Continue dietary changes and lasix. Clonazepam PRN anxiety in association with tinniuts. Plan for MRI brain due to associated tinnitus with chronic headache. If no improvement within 1 month, we ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Left sided weakness, tingling in hand and foot; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Looking for pituitary mass. dizziness and problems keeping erection.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	lump the size of a walnut found on back of the head; xray shows a mass.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	memory changing can not remember anything short and long term memory; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Migraine Headaches with sudden onset neuropathy; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Migraine headaches. Headaches have been going on since receiving chemo in 2004. They have been waking her up from sleep for the past 2 months. Headache occurs behind right eye. Had one episode where she had flashing lights and nosebleed associated.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	migraines that are increasing in intensity and freq. ave. 3 x week with vision loss at times; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Mr. Lusk presents concerned about a nonhealing lesion medial to right upper eyelid. He states that lesion has been present since May of 2015. He reports chronic purulent drainage from the open wound since May of 2015. He also reports chronic nasal dischar; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI brain with contrast - abn gait walking to the right, headaches, dizziness, vision disturbance and neck pain. Father had a brain tumor.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. MACE presents with a diagnosis of tingling sensation. This was diagnosed several months ago. The course has been stable and nonprogressive. It is of moderate intensity. She estimates that the frequency of symptoms is several times daily. Prior wo; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	n/a; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Nausea aspers syndrome; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	nausea no vomiting headaches is all over daily /5x months worse in the am failed medications vision exam normal; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). NEW DAILY WORSENERD PERSISTENT HEADACHE,PERSONALITY CHANGES,FATIGUE,R/O MIGRAINES, TUMOR,ARTERITIS,MALFORMATION; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/04/2016; There has not been any treatment or conservative therapy.; Numbness and parathesia in arms and legs	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Optic neuritis, transparent vision loss,; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient complaining of dizziness with numbness and tingling; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness. Patient had surgical resection by Dr. Bruce Mickey, Neurosurgeon in April 2006. Was informed will likely have recurrence and would need repeat imaging in the future if symptoms returned.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PATIENT HAS ALTERED MENTAL STATUS, HEADACHES, AND DROP FOOT; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has elevated prolactin levels along with headaches and need to know if the medication is causing the elevated prolactin or if something else is going on; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has had a dule headaches for the past 5 months with meds and other alternatives that are not helping. Dr Thompson needs further eval for this patient.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient has had headaches for 2 months; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p> <p>Patient has had persistent diplopia for more than six weeks.He reports seeing the ear nose and throat doctor and also the eye doctor all testing was normal but patient continues to have double vision.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>patient has migraines; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p> <p>patient has normal lab and has a mmse with a score of 23/30; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient has worsening headache with no history of headaches. Lasting over 2 weeks behind left eye and extending to top of head. Worse when bending over. She is a smoker and is on BCP.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient is a pleasant 41 year-old white female who presents to clinic complaining that 2 days ago she woke up with left ocular pain. She states when she moved her eyes she would feel discomfort. She then 1 day ago woke up and had loss of lower visual fiel; This study is being ordered for a neurological disorder.; 03/06/2017; There has not been any treatment or conservative therapy.; Left ocular pain. She states when she moved her eyes she would feel discomfort. loss of lower visual field and left peripheral vision.</p>	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is experiencing neck pain. History of possible AVM with subdural leak. Patient reports that he had a "stroke"; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is new to our clinic. Presents with history of seizures and previous brain surgery for brain lesion.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient presents with worsening headaches, now daily over last 3 months.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient reports she has worsening headaches. States headaches is frontal and posterior is causing nausea and dizziness and photophobia. They are similiar to previous headaches, but more severe and more frequent.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient states migraine headaches are happening more frequently. MRI Head is to evaluate and rule out other causes.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient was referred to an ENT doctor and is still having problems. This study is being requested to find an underlying cause of the tinnitus.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient with Neurofibromatosis with headaches increasing in frequency and intensity needs MRI to be sent to neurology; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Possible tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pseudotumor cerebri double vision photophobia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered. Pt had a CT in the ER that was abnormal and now requesting these studies for possible aneurysm; This study is being ordered for Vascular Disease.; 2/8/17; There has not been any treatment or conservative therapy.; Pt has headaches, dizziness, heart palpitations, vertigo, weakness	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt has a history of bells palsy, she went to ER last week due to her entire left side of her body went numb; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy. PT HAS HAD HEADACHES SINCE 2015, HAS JUST TAKEN OTC MEDICATIONS AND NOTHING HAS HELPED. MRI ORDER 2015 BUT NEVER WAS DONE.ALSO HAS DIZZINESS AND VISUAL DISTURBANCE. Progressive headaches; Most likely migraine headaches but some features of tension headach; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has had persistant headache for one month that began suddenly. Worst headache of her life for the past week. Meds have not helped. Pt has pending appointment with neurologist.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has intermittent dizziness for last 2 months. Pt says she has daily ha's. Pt also has fatigue. Pt says otc meds help her ha's. Pt says dizziness last about 30 min.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has pituitary adenoma. Multiple endocrine neoplasia. Memory loss.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were normal.; The patient is experiencing loss of smell. Pt is having headaches along with low pituitary hormones. Dr. Bell fears that patient has something abnormal with his pituitary and needs this MRI to evaluate the headaches and pituitary insufficiency.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt is having intermittent weakness and then is also having numbness in left leg and left arm; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt still c/o tremors that sometimes seem to affect his whole body x 3 months, getting worse, carbidopa-levodopa didn't seem to help and diazepam caused AMS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pthas had ongoing c/o headache, dizziness, nausea, and paresthesia; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O MS; This study is being ordered for a neurological disorder.; 01/23/2017; There has been treatment or conservative therapy.; Ongoing, progressively worse pain in leg, essential tremors, myoclonic jerks; Physical therapy	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R26.9; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiologist recommended MRI after CT was done; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	recent memory loss w/ hx CVA w/ R hemiparesis; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; It is not known if there are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Reports pulsatile headache with photophobia and phonophobia and emesis. Has never been worked up for migraine. Has a moist cough but lungs are clear, no ant. cerv. lymphadenopathy; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	requested to bypass clinicals; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n/a; It is not known if there has been any treatment or conservative therapy.; n/a	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	seen and evaluated by neuropsych and that specialist recommended MRI with and without contrast of the brain for further evaluation of cognitive decline to rule out underlying mass or diagnose CVA; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Seizure like activity. Headache with aura. Had another one last night Increasing in frequency; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	sensitive to light, h/a; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	she indicates that she has had headache daily over the past week. during episodes describes feeling lightheaded. describes feeling that she could pass out during the episodes.  denies any changes in her vision.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	significant memory loss; sob; dizziness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	SISTER HAD SUBARACHNOID BLEED; This study is being ordered for a neurological disorder.; PATIENT IS HAVING INCREASED HEADACHES WITH SISTER HAVING SUBARACHNOID BLEED; It is not known if there has been any treatment or conservative therapy.; INCREASED HEADACHES	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	T1 weighted showed abnormalities pseudo umor cerebri; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient has noted that both of her hands have been locking up on her, tingling and then going numb. This usually lasts about 30 minutes, however, them most recent occurrence lasted for over 4 hours. She is experiencing bilateral paresthesia in bands ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for a brain MRI WITH CONTRAST. She presented to the office with weakness and numbness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	3

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	9

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	38
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	170
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a “thunderclap” or the worst headache of the patient’s life.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a “thunderclap” or the worst headache of the patient’s life.	15
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	110

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	11
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	8
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	14
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	29
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	4

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing vertigo	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	9
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; It is not known if the patient has undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	8
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	5
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	19
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	43
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	11
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	6
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for an aneurysm.; This study is being ordered for neurological deficits.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	10
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	10
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.; There has not been a previous Brain MRI completed.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	trying to rule out a brain tumor.patient is having increased headache with nausea with vomiting.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; It is unknown if the patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 12/2016; There has not been any treatment or conservative therapy.; headaches, left shoulder pain, blurred vision in the left eye, nose bleeds, decreased hearing, loss of appetite	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for trauma or injury.; 2/2017; There has not been any treatment or conservative therapy.; headaches, dizziness, joint pain, back and arm, tremors, swelling in abdomen, weakness, on 3/4 episode of stop breathing, vomiting, weight loss	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	upper bi lateral tremors; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Vertigo of central origin, unspecified ear; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	weakness (generalized weakness to each upper ext especially when twists in certain way, and generalized weakness to both lower ext when on feet excessively) and headache (generalized), low back pain, neck pain with certain movment, tenderness paraspinal l; This study is being ordered for a neurological disorder.; January 13, 2017; There has been treatment or conservative therapy.; low back pain, Headache, weakness (generalized weakness to each upper ext especially when twists in certain way, and generalized weakness to both lower ext when on feet excessively) and headache (generalized); Suggested OTC meds and continued PT/chiropractic care and recommendations from them	1

Approval	70554 Functional MRI Brain	unknown; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; headaches, difficulty finding words,; insets over a year, chiropractic , pt , home exercise	1
Approval	71250 CT CHEST, THORAX		3
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	7
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	29
Approval	71250 CT CHEST, THORAX	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; It is not known if there is radiologic evidence of mediastinal widening.; PFT shows abnormality consistent with pulmonary vascular abnormalities/fibrosis; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; ; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; Pt has had a Chronic cough for up to 3 years and never reported to doctor he now presents with a Chronic cough up to 3 to 4 times daily that causes him to become light headed and SOB we have treated him for respiratory illness and with antibiotic therapy ; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	36
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	158

Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	15
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	11
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medications	2
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2/10/2017; It is not known if there has been any treatment or conservative therapy.; shortness of breath/gasp for air/dyspnea/difficulty swallowing/choking	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/13/2017; There has been treatment or conservative therapy.; abdominal pain for 4 days, fatigue, shortness of breath with exertion , excruciating epigastric pain; GI cocktail , morphine and Proventil	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has not been any treatment or conservative therapy.; abdominal pain, right flank pain, short of breath	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/22/17; There has been treatment or conservative therapy.; SHORTNESS OF BREATH , ELIVATION ON CHEST XRAY , CAUSE UNDETERMINED/ CT WAS RECOMMENDED BY RADIOLOGIST; INHALERS, SHORTNESS OF BREATH ,	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 29,2015; There has been treatment or conservative therapy.; The patient has pain in his shoulder. Sharp and throbbing.; Patient is in Physical Therapy, Pain medication.	1
Approval	71250 CT CHEST, THORAX	.....; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	4
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	7
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.;	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for trauma or injury.; For CT of Brain, onset from a fall December of 2016; ; For CT of Chest, onset summer of 2016; There has been treatment or conservative therapy.; For CT of Brain:; Last Summer she was admitted to the hospital, in Georgia, for double pneumonia. They said when she gets back home she needs to follow up with PCP and never did. Did not go to the Pulmonologist referral either.; Since discharge, she has c;	1
Approval	71250 CT CHEST, THORAX	1 year F/U to a pulmonary nodule, 10mm; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	4.9mm nodule in the right lower lobe that does not appear to be calcified, meaning it is likely benign but I would like to order a a CT scan of the chest to eval newly found lung nodule in a smoker with a cough a 26# unexplained weight loss over the past ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4.9mm nodule in the right lower lobe that does not appear to be calcified (found in chest xray on 12/29/16), meaning it is likely benign but I would like to order a a CT scan of the chest to eval newly found lung nodule in a smoker with a cough a 26# unex; There has been treatment or conservative therapy.; 4.9mm nodule in the right lower lobe that does not appear to be calcified, meaning it is likely benign but I would like to order a a CT scan of the chest to eval newly found lung nodule in a smoker with a cough a 26# unexplained weight loss over the past ;	1
Approval	71250 CT CHEST, THORAX	4mm indeterminate noncalcified nodule in right upper lobe found on CT Chest performed on 09/08/2015. Needs follow up evaluation.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	4mm pulmonary nodule along major fissure in the lingula and 2 mm nodule in right lower lobe; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-20-2016; There has not been any treatment or conservative therapy.; unknown	1
Approval	71250 CT CHEST, THORAX	53 yo female noted to have a history of a 7 mm LUL nodule. Please re-eval. Thanks!  IMPRESSION: Stable 7 mm left upper lobe nodule encouraging for benignity and likely reflects a noncalcified granuloma. Follow-up CT in 6 months to evaluate for furt; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	55yr old male who smokes w/chronic nasal obstruction, SOB, DOE and fatigue.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01.16.17; There has not been any treatment or conservative therapy.; 55yr old male who smokes w/chronic nasal obstruction, SOB, DOE and fatigue	1
Approval	71250 CT CHEST, THORAX	6 month follow-up from last CT which showed lung nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	6/29/2016 last xray l spine suspicious mediastinum mass Further imaging chest ct required; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	8
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	28
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	4

Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	9
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	37
Approval	71250 CT CHEST, THORAX	A5-6mm nodule is noted in the right lung base on the x-ray report from 2/6/2017; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	ABD PAIN,SHORTNESS OF BREATH WT LOSS, ABNORMAL CT,NAUSEA,POOR APPETITE,BILATERAL LEG AND FEET TINGLING,NUMBNESS,R/O METASTATIC PROCESS FOR MRI R/O HNP,LOW CIT B12 AND D; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	abdominal pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Abnormal chest imaging is described as the following: Radiographic findings include a solitary nodule (8mm lul). Recommendation to repeat study in 3 months. Last CT of Chest was September 2016.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Abnormal chest x-ray in the lung area; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Abnormal chest x-ray requires further imaging; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	Abnormal chest xray showing mass vs infiltrate of the right lower lobe. Per radiologist, a CT- Chest is recommended.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Abnormal chest xray, Pt came to office to cough and lung pain, SOB; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient quit smoking in the past 15 years.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Abnormal finding of the lung field.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Abnormal X-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	An indeterminant pulmonary nodule was incidentally found on a kidney x-ray and needs work up.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	Assess pulmonary nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	BEEN TO ER 4X WITHIN 6 MONTHS, SHARP PAIN AND SHORTNESS OF BREATH; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	chest ct done 03/22/2017 showed multiple small lung nodules that needs to be evaluated; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Chest mass.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Chest pain compression fracture abnormal xray history of smoking; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	Chest pain and shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	CHEST XRAY DONE 08/16/2016 WAS SHOWING A 9MM NODULE ON THE RIGHT SIDE OF CHEST NOW CHEST DONE 02/03/2017 IS SHOWING 1 CMM SIXE NODULE WHICHI INDICATES HAS GROWN WE ARE TRYING TO RULE OUT CANCER.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Chest x-ray showed calcifications. Radiologist recommended CT of chest be performed to evaluate the calcifications further.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Chest x-ray was done left lung Nodule was found.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	chronic cough with chest heaviness. trying to rule out a hiatal hernia or mediastinal mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	Chronic cough with hemoptysis; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Chronic Cough; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	congested shortness of breth chest compression xrays came back abnormal crackle fluid meds not working ;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	cough greater than 4 weeks. Treated with medicine, inhaler; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	CT cervical spine showed incidental findings of cavitation with emphysema and bullous emphysema; The patient has NOT had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	CTA found pulmonary nodule in September and it recommended follow up CT in 6 months to check status.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	enlarged Hila, To r/o Hilar Adenopathy; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Enter answer here - Pt had a pulmonary nodule on previous ct and is to have f/up Ct.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Evaluate weight loss, abdominal pain, nausea and vomiting.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	f/o for nodule, previous CT found lung nodule 6/20/2016; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	f/u for solitary nodule of lung, 4 mm noncalcified pulmonary nodule right lower lobe; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	Family hx of lung, throat, prostate & breast cancer Specialist suggests cancer Eval for thymoma Abnormal labs; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	FOLLOW UP FROM PREVIOUS TEST; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Follow up to known nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	Has SOB; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	He has a history of prostate cancer. Patient is diabetic, long time smoker; This study is being ordered 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.; Dysphagia, sore throat, feels like lump in his throat	1
Approval	71250 CT CHEST, THORAX	Hypertension and sleep Apnea, lower extremity swelling, Palpatations; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	IMPRESSION from CT 1/10/17; 1. Bilateral calcified and partially calcified pulmonary nodules have; benign pattern of central calcification which is most consistent with; partially calcified granulomas. A few of these were visible on the; 3/25/2014 CT abdo; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; FIRST VISIT COMPLAINING WAS 2/6/17; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	<p>It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; This patient has a personal history of small cell lung cancer in remission since 2011. Now with complaints of chest pain, cough and an abnormal plain film xray.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Doctors impression: mild pneumomediastinum; scarring right lower lung? diaphragm; haziness left lower heart border and posterior inferior on lateral; ekg- rbb no acute st elevation; troponin neg; has had this pressure for a week. plan was to send for sta; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
Approval	71250 CT CHEST, THORAX	<p>It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient had CT in august of 2016. It should abnormal findings consistent with pneumonia that recommended follow up to see if it is cleared.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>known smoker, lymphadenopathy, worsening SOB; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1

Approval	71250 CT CHEST, THORAX	LARGE PLEURAL EFFUSION; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Left lingular lung nodule was noted incidentally on an Abd CT/Abd last year. Is due for a repeat surveillace CT chest; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	LOW BACK PAIN, MASS, AND HAS ASTHMA.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	mass in chest -; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	mass located in left axillary region; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	MOD PERSISTENT ASTHMA,SOB,COUGH,WHEEZING,ABNORMAL CHEST X-RAY,R/O PULMONARY FIBROSIS,BILATERAL INFILTRARE,GROUND GLASS; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Approval	71250 CT CHEST, THORAX	MULTIPLE PULMONARY NODULES IN THE LUNGS THAT HAVE BEEN SEEN.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Need to follow up on patients lung nodules. Subpleural nodules scattered throughout the left and right lungs. Sizes from 3mm to 5mm.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Needing further evaluation of pectus excavatum. The right side of his chest wall is more protuberant than the lower; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	No info Given; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	None; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	None; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	none; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	Onset started 01/05/2017; hacking cough; coughing up blood; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	pain in upper back and chest, chest x ray with pulmonary changes and persistant Atelectasis; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient 01/10/2017 had a chest xray and white blood count cell is elevated; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	Patient had previous abnormal X-ray and presented to office with shortness of breath.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	Patient has a chronic cough that is worsening. .; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1

Approval	71250 CT CHEST, THORAX	<p>Patient has a history of colon cancer and currently has 3 month+ adenopathy which has not resolved with antibiotic treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1
Approval	71250 CT CHEST, THORAX	<p>Patient has been treated in the past for irregular blood cells.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approx 7-1-16; There has been treatment or conservative therapy.; abnormal weight loss greater than 30 pounds, prostate cancer and abdominal pain; medication</p>	1
Approval	71250 CT CHEST, THORAX	<p>Patient has COPD and is having shortness of breath.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>Patient has COPD. Patient has had sinus issues including bronchitis since 12/12/16 with no resolve.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.</p>	1
Approval	71250 CT CHEST, THORAX	<p>patient has had a previous ct of the chest in January 2016, and dr goss is wanting a repeat ct of chest w/contrast for follow up; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>Patient has history of abnormal mammogram demonstrating lymphadenopathy right axilla and patient has history of carcinoma of the kidney. Patient presents for diagnostic mammogram and the impression is right axillary adenopathy which is nonspecific but wi; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1
Approval	71250 CT CHEST, THORAX	<p>Patient has supraclavicular mass. Patient has a history of breast cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1

Approval	71250 CT CHEST, THORAX	patient is a smoker; chest xr showed well circumscribed density to L 5th incostal space. decreased bs in l and decreased bs on r; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient is has had UTI's in the past and Microscopic Hematuria and multiple occasions. Continues to have pain and Blood in urine.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/6/16 for the Flank and Abdominal pain. On 3/9/17 an X-ray was done and a pulmonary nodule was seen.; There has been treatment or conservative therapy.; Pain in flank, lower abdominal pain.; Patient was given Antibiotics for an infection, and referred to a Urologist. No treatment has been given for the Pulmonary nodule.	1
Approval	71250 CT CHEST, THORAX	PATIENT IS NICOTINE DEPENDENT. PRESENTED WITH A COUGH AND CHEST XRAY WAS ABNORMAL. XRAY SHOWED SUSPICIOUS CIRCULAR SHADOWING TO LLL. PREVIOUS XRAY SHOWED SHADOW BUT NOT AS LARGE.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient presents with bronchitis and states coughing up small amounts of blood for 2 days. Patient had chest X-Ray which shows bronchitis and mild hyperinflation of the lungs. Radiologist recommends a follow up chest CT to exclude a subtle endobronchial; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient presents with complaint of cough, congestion, fatigue, weight loss x one week. States another physician she sees, did CT scan that showed opacity in lung. Patient short of breath on exam today and no better from last office visit on 01/03/17 whe; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	Patient was seen in ER and chest xray shows patient has several bilateral lung nodules. Patient also has COPD.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	PLEURITIC CHEST PAIN,MILD TENDERNESS UPPER ANTERIOR CHEST, ABNORMAL X-RAY,MALAISE,DYSYPNEA,PULMONARY NODULE; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Positive for chest pain (episodes of burning in the chest). . He does have a history of an abnormal chest CT over a year ago but did not pursue the follow-up CT that we had recommended and scheduled.  A 1.4 cm patch of density which could be a nodule or ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	precordial pain that does not go away; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	pt came in for cough, cxr showed hyperdense nodule in retrocardiac area.  pt needs CT Chest to further evaluate this nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pt had an abnormal mammogram w/ no involvement and now having rib pain.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pt had an xray on November 17 that should a pulmonary nodule. cough, shortness of breath.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	pt had positive TB test ...with chest x- ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pt has elevated white blood cell count, persistent cough, x ray non diagnostic, levaquin started with no improvement, fever; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	Pt has family Hx of myocardial infarction; Pt has shortness of breath, fluid around the heart (seen on Xray); A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pt has lung nodules, has been coughing up blood; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pt has non-Hodgkins lymphoma, stage 1; now having abnormal weight loss; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	Pt has pneumonia and acute bronchitis; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pt is experiencing breast and chest wall pain, swelling on the L upper chest and axilla area for approximately 3 days w/abnormal CXR. R/O thoracic root disorder; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	PT IS HAVING PERSISTANT SOB, AND ABNORMAL CXR TODAY IN CLINIC; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pt with c/o left sided chest wall pain, knots on left side of chest, reports is growing and causing some pain.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	pt. had a neck CT, mass is extending down into the chest...; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Approval	71250 CT CHEST, THORAX	PULMONARY NODULE, CHRONIC COUGH, COPD; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pulmonary nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Questionable superior mediastinal widening seen by in-house radiologist Dr. Riner.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Radiologist recommended a 6 month follow-up after suspicious mass found on prior CT of chest.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	repeat 1 year for pulmonary nodules; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	repeat every 6 months to determine if solitrary pulmonary nodule is stable; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2016; There has not been any treatment or conservative therapy.; no info given	1
Approval	71250 CT CHEST, THORAX	RIGHT CLAVICAL PAIN, SWOLLEN LYMPH NODES ON THE LEFT ANTECUBITAL SPACE, FEVER AND NIGHT SWEATS, HEMATURIA; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Right upper lobe nodule on X-ray; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	SEPT/ CHEST CT SHOWED PULMONARY NODULE, 3MONTH FOLLOW UP MONITERING SIZE; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Approval	71250 CT CHEST, THORAX	She had a x-ray in the office and it was sent for over read with the radiologists and they did observe enlargement in the left hilum. May be due to pulmonary artery enlargement vs. adenopathy.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	SHE IS HAVING PAIN AND PROBLEMS IN THE STERNAL AREA.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	short of breath, cough; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	SIX MONTH FOLLOW-UP FOR A NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	SOB , Cough, abnormal chest x ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	soft tissue mass left lateral to posterior chest wall present for several years, increased in size in the last year. Pt has a history of Tobacco Abuse.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	spots showed mri from the thoracic spine; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Suspicious right pulmonary nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	swollen lymph node on right side of neck for about a year and has gotten bigger and chest nodule grown bigger over last 6 months; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	Swollen lymph nodes right axilla and pain in LUQ with know liver mass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Swollen lymph nodes right axilla and pain in LUQ with know liver mass. Alkaline phosphatase elevation, swelling of lymph node.; It is not known if there has been any treatment or conservative therapy.; Swollen lymph nodes right axilla and pain in LUQ with know liver mass	1
Approval	71250 CT CHEST, THORAX	Tenderness (right anterolateral chest wall)  Continuous pain times 2 months or greater. Normal chest film. Medication treatment not working. Treated with pain meds, anti inflammatories, home stretches and exercises.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.	3
Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	6
Approval	71250 CT CHEST, THORAX	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is a solid somewhat lobulated nodule in the lateral right lower lobe with calculated volume 168 cubic mm, meeting criteria for NODCAT 3 classification. Recommend follow-up exam in 3 months to evaluate for stability. 2. Mild diffuse emphysema wit; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Patient had fall still having acute bilateral thoracic back pain.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The caller doesn't know if the ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; < Enter answer here - or Type In Unknown If No Info Given. >; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; < Enter answer here - or Type In Unknown If No Info Given. >; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1

Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; hard time breaking chest heaviness cough; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Jimmy R Hunt is a 49 y.o. male presents for a follow up. He states that he noticed in early November, that he would have flushing, runny nose, chills, sweating with mild activity. He was noted to have these sx by his fellow firefighters. He notices exc; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; left chest pains; was admitted to hospital on 03/02/17 and dc'd 03/03/17 with these; cough, chest tightness; lightheadedness and dizziness; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has chronic pain; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has COPD and Right Lower Lobe Pneumonia.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has presented to the clinic several times with chest wall pain that have negative findings on x-ray. Medications have not alleviated the symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has shortness of breath and chest pain.; "The caller doesn't know if the ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has an abnormal chest x-ray on 3/3/17 that showed a calcified granuloma in left upper lung and mild bibasilar atelectasis. pt is experiencing shortness of breath and cough; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt seen in the clinic on 12/29/16, a chest x-ray was preformed with negative x-ray findings. Pt. stated tat he hae TB when he was 3 yr's old and was on oral medication for a year. Dr. &#x0D; Brashears is requesting that a CT of the chest without contrast be or; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcooidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; pt was hospitalized for pneumonia and the doctor ordered a follow up Ct for the pt; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcooidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</p>	1

Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Radiologist recommends follow up CT because of slight prominence of the perihilar shadows paratracheal shadows that could indicate underlying adenopathy.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; recent history of left thoracotomy for spontaneous pneumothorax. Severe worsening pain with shortness of breath.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; See attached; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; unresolved dry cough greater than 3 months. treated with inhaler; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	There is not a known inflammatory disease.; There is not a known tumor.; history of breast cancer, heavy smoker; "The ordering physician is NOT an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The caller doesn't know if the ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	5
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	21
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	5
Approval	71250 CT CHEST, THORAX	This condition occurred without any known injury. Symptoms are located in the midline upper back. The patient describes the pain as aching. The symptoms occur intermittently. Symptoms are exacerbated by standing, prolonged standing, prolonged sitting, lif; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	this is a 3 month follow up for chest wall mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	This is a 6 month follow up to a CT; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	THIS PATIENT HAS HAD A RECENT EGD DONE AND IT HAS SHOWED SHE HAS A LARGE MASS ON THE OUTSIDE OF HER ESOPHAGUS. THIS NEEDS TO BE FURTHER EVALUATED, SO THESE TEST ARE NECESSARY; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3
Approval	71250 CT CHEST, THORAX	UNKNOWN; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	UNKNOWN; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/2016; There has not been any treatment or conservative therapy.; significant weight loss, abnormal chest x-ray, chronic cough	1
Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; He has been having problems at least a year.; There has been treatment or conservative therapy.; abnormal weight loss, chronic cough, nicotine dependence, type 2 diabetic, COPD.; inhalers and being referred to GI physician	1
Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Chest pain in a longtime smoker, large chest mass, chronic neck pain	1
Approval	71250 CT CHEST, THORAX	unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	want to rule out suspected mass; Radiologist suggest we do CT exam; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Will fax clinical information; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; xray was done in 8/2016; heart enlarged. cough; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	3

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/8/2017; It is not known if there has been any treatment or conservative therapy.; pain,	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	*Clinical info. will be provided*; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; It is not known whether there is a known or suspected coarctation of the aorta.; It is not known if there is another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	looking for thoracic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Patient scheduled to see surgeon who is requesting testing to be done prior to appointment.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	rule out any Aneurism or cardiac pathology or lung pathology; negative GI workup; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	46
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	wanted to do cardiovascular evaluation for unspecified carotid artery; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71550 MRI CHEST	Date of initial onset: MUSCULOSKELETAL: normal gait; range of motion: decreased ROM in right shoulder; pain with ROM of right shoulder; Crepitus, Tenderness, Effusion: tenderness noted in the exquisite over the right anterior chest wall and shoulder/espec; This study is being ordered for trauma or injury.; MUSCULOSKELETAL: normal gait; range of motion: decreased ROM in right shoulder; pain with ROM of right shoulder; Crepitus, Tenderness, Effusion: tenderness noted in the exquisite over the right anterior chest wall and shoulder/especially of the clavicle; There has not been any treatment or conservative therapy.; Date of initial onset: MUSCULOSKELETAL: normal gait; range of motion: decreased ROM in right shoulder; pain with ROM of right shoulder; Crepitus, Tenderness, Effusion: tenderness noted in the exquisite over the right anterior chest wall and shoulder/espec	1
Approval	71550 MRI CHEST	rates pain at 8/10.; This study is being ordered for trauma or injury.; 12/25/2016; It is not known if there has been any treatment or conservative therapy.; left arm pain radiating to elbow and hand; parasthesias, weakness	1
Approval	71550 MRI CHEST	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1
Approval	71550 MRI CHEST	This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.	1
Approval	71550 MRI CHEST	This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; This is a request for a chest MRI.	1

Approval	71550 MRI CHEST	Upper back pain noted. She does not recall any precipitating event or injury. Ms. BACA presents with a diagnosis of upper back pain. This was diagnosed 1 week ago. The course has been progressively worsening. It is of moderate intensity. Aggravating; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		2
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 02/21/17; There has been treatment or conservative therapy.; numbness and tingling; pain medications	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/16/17; There has not been any treatment or conservative therapy.; headache, neck ache and pain. back pain. Fell.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. Abnormal findings on diagnostic imaging of other specified body structures,MRI scan abnormal, Findings: Motion artifact limits the examination particularly on axial imaging, Impression: 1. Nonspecific bone marrow edema along the left C4-C5 vertebral bod; 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.	3
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	having neck shoulder and upper back pain. patient has hardware in C spine area; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	pt has already had MRI cervical spine and is needing CT to check for screw placement; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	pt has neck pain and pain in both arms; pt appears in acute distress, pain is chronic, unrelenting; pt has been given medication therapy home range of motion exercises to no avail; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	rule out CVA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/03/2017; There has not been any treatment or conservative therapy.; visual disturbances	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	She needs a myelogram. MRI was inconclusive in 2015; This study is being ordered for a neurological disorder.; Pt has experienced severe neck and upper back pain with radiculopathy. She has failed conservative treatment and is in need of a myelogram of her c and t spines.; There has been treatment or conservative therapy.; Pain in neck and back, tingling, numbness. She failed conservative treatment; pt has had PT and medications. muscle relaxers and pain reliever.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	soft tissue anterior cervical mass; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	3
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	3
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/15/2016; There has been treatment or conservative therapy.; severe pain; brace, medication	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has been treatment or conservative therapy.; Back pain, decreased rom; Physical Therapy	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/4/16; There has been treatment or conservative therapy.; chronic pain / pain in lower back / pain progressively gotten worst; PT/ pain managements previous MRI/ CT /bone scans/ NSAIDS /topical sports creams/ muscle relaxers	1

Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	PATIENT HAS HAD PT FOR 6 WEEKS & ORAL MEDICATIONS WITH NO RELIEF FROM CHRONIC BACK PAIN. PATIENT HAS HAD XRAYS 1/24/17.; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Recommended by radiologist for follow up from x ray reports on 01/03/2017; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Having constant pain during therapy and focal pain to touch. Xray adnormal at T-12 and S-1; Continue with Therapy and stretching	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	She needs a myelogram. MRI was inconclusive in 2015; This study is being ordered for a neurological disorder.; Pt has experienced severe neck and upper back pain with radiculopathy. She has failed conservative treatment and is in need of a myelogram of her c and t spines.; There has been treatment or conservative therapy.; Pain in neck and back, tingling, numbness. She failed conservative treatment; pt has had PT and medications. muscle relaxers and pain reliever. The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting radiculopathy documented on EMG or nerve conduction study.	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	2
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	THE PT HAS TO HAVE THIS EXAM IN ORDER TO SEE A NEUROSURGEON.; This study is being ordered for trauma or injury.; 4 YEARS AGO; There has been treatment or conservative therapy.; low back pain, discomfort in the thoracic and lumbar spine, constant,tightening sensation. This is a chronic problem, with essentially constant pain.; PHYSICAL THERAPY AND PAIN MEDICATION	1

Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; There is a reason why the patient cannot undergo a thoracic spine MRI.; Caller does not know if there are documented clinical findings of immune system suppression or AIDS.; Caller does not know if the patient is experiencing thoracic back pain associated with chest pain.; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to known or suspected infection or abscess.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is laboratory or x-ray evidence of paraspinal abscess.; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/05/2016; There has been treatment or conservative therapy.; DELAYED HEALING; SURGERY	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/15/2016; There has been treatment or conservative therapy.; severe pain; brace, medication	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has been treatment or conservative therapy.; Back pain, decreased rom; Physical Therapy	1

Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/4/16; There has been treatment or conservative therapy.; chronic pain / pain in lower back / pain progressively gotten worst; PT/ pain managements previous MRI/ CT /bone scans/ NSAIDS /topical sports creams/ muscle relaxers	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/8/2016; There has been treatment or conservative therapy.; Severe low back pain with radiculopathy. she has numbness in left foot with cramping. pain radiates down bilateral legs and buttocks; medication including anti-inflammatory. Physical therapy stretches	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	THE PT HAS TO HAVE THIS EXAM IN ORDER TO SEE A NEUROSURGEON.; This study is being ordered for trauma or injury.; 4 YEARS AGO; There has been treatment or conservative therapy.; low back pain, discomfort in the thoracic and lumbar spine, constant,tightening sensation. This is a chronic problem, with essentially constant pain.; PHYSICAL THERAPY AND PAIN MEDICATION	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	2
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	6
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	4
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	20
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is a suspicion of lumbar spine infection.; Yes this is a request for a Diagnostic CT	3

Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.	2
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; Yes this is a request for a Diagnostic CT	2
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	2
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	5
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	31
Approval	72131 CT LUMBAR SPINE, LOW BACK	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/05/2016; There has been treatment or conservative therapy.; DELAYED HEALING; SURGERY	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		12

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; muscle spasms, tingling in right & upper extremities, worse in the right hand has been going on for x5 days. No recent injuries	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; diminished grip strength and lack of coordination.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness and tingling on both sides, range of motion has decreased, stiffness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness to the right arm, tenderness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; OCCASIONAL NUMBNESS IN RT HAND & ARM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; UNKNOWN; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in hands and arms, decreased range of motion in neck.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Unable to hold on to items	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; exercise handout with exercise and stretches; gabapentin, meloxicam	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bi-lateral upper extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; November 2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; chiropractic care	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; HEADACHES / BACK PAIN /	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has been treatment or conservative therapy.; neck pain trimmers nerve pain down left arm lower back pain; pt amd medicine	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has been treatment or conservative therapy.; neck and shoulder pain, tenderness going down arm, headache; physical therapy, muscle relaxers, heat and ice	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-03-2016; There has been treatment or conservative therapy.; lower back and neck pain decreased mobility pain is worsening xrays were abnormal spinal tenderness moderate pain with motion; medications physical therapy	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 72/2013; There has not been any treatment or conservative therapy.; NECK AND BACK PAIN	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/30/2016; It is not known if there has been any treatment or conservative therapy.; pain in back and neck.numbness and tingling in right leg worsens when sitting or in sitting position. patient has 7 weeks of pt but the pain persists	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over 2 years; There has been treatment or conservative therapy.; neck and upper back pain radiating to right arm; chiropractor, physical therapy, medication.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; numbness, weakness, pain in neck; pt,	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years; There has been treatment or conservative therapy.; neck & amp; lbp, numbness in hands & amp; legs, ltd rom; meds, inj	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/18/2017; There has not been any treatment or conservative therapy.; Pain in the neck, back, and ankle, leg swelling	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/27/2016; There has been treatment or conservative therapy.; back pain; physical Therapy	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2 weeks ago; There has not been any treatment or conservative therapy.; severe headache, weakness, increasing pain, radiculopathy	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Left neck/shoulder pain Numbness from left shoulder down to left hand tenderness C 4,5 paravertebral plain film shows some protrusion and spacing	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; C-spine pain; Pt reports pain and stiffness in neck,Pt would like to review x-rays from 01/12-2017; Pain + tingling radiates down the right arm and into the 1st, 2nd and 3rd fingers. ; The 2nd and 3rd fingers are numb.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has neck pain that radiates down her right upper extremity and scapula area. she has failed physical therapy out patient and conservative tx and now needs mri c spine; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PT HAS BILATERAL UPPER EXTREMITY WEAKNESS. PT HAS HAS 6 WEEKS OF PHYSICAL THERAPY WITHOUT SUCCESS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; RIGHT UPPER EXTREMITY WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 01/04/2017; There has not been any treatment or conservative therapy.; Patient is having back and neck pain with radiating numbness	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 03-02-2017; There has not been any treatment or conservative therapy.; Sudden onset left side numbness, hyperreflexia, blurred vision in left eye	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; see attached clinicals; It is not known if there has been any treatment or conservative therapy.; see clinicals attached	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/17/16; There has been treatment or conservative therapy.; pain in neck, weakness in both arms and hands; pain in lower back radiating down right lower extremity; Patient has been taking meloxicam and OTC NSAIDS with no improvement of symptoms	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; lower back and neck pain with numbness into both hands pt. has finished PT and NSAIDS for months and she is not improved; physical therapy, NSAIDS	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	abnormal central signal in cord consistent with a tiny syrinx; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; mri of thoracic spine and pre and postcontrast imaging of the cervical spine and brain and to include the distal cord at the thoracolumbar level is recommended as underlying central nervous system lesions cannot be excluded	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	abnormal nerve conduction study; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	back and neck ddd; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/02/17; There has been treatment or conservative therapy.; back and neck ddd; naproxen	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Bilateral lower extremity numbness and itching without cause; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in hands with numbness and tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	c/o neck pain x about 5 years. No previous trauma. She has never had an MRI. The neck pain keeps her up at night. It is worse when she has to move a lot. c/o her neck "crunches and pops." The right hand numbness has been present x 20 years but has been w; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	chronic neck pain, spondylosis on X-rays.However, since last visit he reports several episodes of numbness and tingling radiating down both shoulders to bilateral hands and superiorly from the neck into the scalp. Symptoms seem to be worse while laying in; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient presents for follow-up of chronic neck pain. He has known cervical spondylosis and chronic pain resistant to conservative treatment. Pain is been well controlled on current medications and without any adverse side effects. However, since last visi; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	DEGENERATIVE OSTEOARTHRITIC changes which include loss of the normal lordotic curvature of the neck, bilateral muscle spasms and tenderness to palpation, and limited range of motion in extension, flexion and rotation though most pronounced in extension., ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient holding left arm at side, states unable to move due to pain and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	difficulty moving on her own; This study is being ordered for a neurological disorder.; 9/22/2016; There has been treatment or conservative therapy.; pins and needles and spasms in feet for the past month, hard for Pt to move legs and hands, unable to function properly, stiffness in LE. Work up was negative; medication	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	evaluate for surgery; This study is being ordered for a neurological disorder.; 01/01/2016; There has been treatment or conservative therapy.; Pain and radiculopathy in neck and back, history of fibromyalgia; Medication, exercises, injections	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	EVALUATE UNDERLYING CAUSE OF PAIN IN CERVICAL AND THORACIC BACK PAIN.MODERATLY DECREASED ROM IN NECK AND THORACIC SPINE TENDERNESS WITH EXACERBATION OF PAIN CAUSED BY EXTENDING ARMS; This study is being ordered for a neurological disorder.; 09/07/2016; There has been treatment or conservative therapy.; Mid thoracic spine tenderness. Pain in the area exacerbated by extending arms against resistance; THORACIC BACK PAIN,RADICULOPATHY TO ANTERIOR TORSO,SPINAL TENDERNESS; PUSHING AGAINST HARD SURFACE INCREASES PAIN IN MID TO UPPER BACK AREA.HX C-SPINE ISSUES; MEDS:BACLOFEN,CELEBREX,HYDROCODONE-ACETAMINOPHEN,LYRICA; HOME EXERCISES	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	F/u after failed for the 2nd round of therapy; This study is being ordered for a neurological disorder.; 1/9/17; There has been treatment or conservative therapy.; Chronic pain w/ limited range of motion Muscle stiffness Radiculopathy; PT 8 wks Flexeril Diclofenac Hydrocodone	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	f/u neck pain with radicular sx r shoulder. some better last week but over weekend pain exacerbated. not sleeping. getting back like was. now tingling down into arm as well.pt not responding to physical therapy. will proceed with mri neck. f/u after mri t; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; tender cervical paraspinal . pain exacerbated with sidebending to right. shoulder tender laterally. good rom shoulder.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	failed meloxicam, currently in PT, xrays negative. pain has been for longer than six weeks; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; meloxicam	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Filed PT x8 weeks, Failed MEDS. Failed Chio ttreatmetn.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Poor grip in right hand as compare to the grip.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Finished 6 weeks of conservative treatment. Did not help symptoms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in right arm/hand w/tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Will attach clinical once MD has signed off on them	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Limited range of motion on extension and elevation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has been treatment or conservative therapy.; Pain with radiculopathy, Numbness and tingling in hands.; Anti Inflammatory medications and Physical therapy with no improvements	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	migraines; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Midline, bilateral, L and R; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	mri recommended after bilat upper ext ncv was abnormal. weakness/numbness/pain bilat upper arms/hands; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness numbness pain  bilateral arms/hands that radiate from neck ncv has been preformed & they recommended an mri; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	muscle rigidity; pain in his neck, Neurologic: tingling AND NUMBNESS DOWN HIS ARMS and frequent or severe headaches. NO RELIEF FROM PT, FLEXERIL OR HYDROCODONE; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Neck Pain, myalgia (spams in neck, spasms in low back especially if twists with arms elevated, pt demonstrated here in office; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	No Info Given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Several Years; There has been treatment or conservative therapy.; Pt. has weakness, Achilles tendon pain. Pt. range of motion is off, visual disturbance, and numbness.; Pt. did Physical therapy and had an injection. NONE; This study is being ordered for a neurological disorder.; 01/25/2017; There has been treatment or conservative therapy.; The Pt has pain, radiating into right shoulder.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	P has numbness in right arm. Pt had EMG recommends this study; Pt has had medication therapy	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	NONE; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; The Pt has back pain, bulging discs in lumbar spine , bilateral canal stenosis. Pt has bileateral leg pain, numbness and tingling. Pt had nereve conduction study cervical spine disease.; The Pt has had Ct scans, medication therapy.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/04/2016; There has not been any treatment or conservative therapy.; Numbness and parathesia in arms and legs	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	numbness, tingling in neck and back; headaches;; This study is being ordered for trauma or injury.; 3/3/17; There has been treatment or conservative therapy.; stiffness, throbbing and tingling pain at neck and back; complaines of dizziness, headaches, numbness and tingling and tightness; having trouble in school and at home with activities of daily living; aggravated by any movement; relived by nothing; chiropractice treatments	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	numbness, tingling in upper extremity.. post motor vehicle accident; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pain present at least 3 months, chronic pain, neck pain or cervicalgia, degenerative disc disease, thoracic; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pain present at least 3 months, chronic pain, neck pain or cervicalgia, degenerative disc disease, thoracic; It is not known if there has been any treatment or conservative therapy.; chronic pain	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	patient has cervical radulaphy, history trauma, right should tenderness with range of motion decrease grip strength right hand; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased grip strength in the right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has chronic cervical spine pain. Patient finished 4 weeks of physical therapy with no relief. Patient also has no relief from medication therapy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.;	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	patient has continued neck pain and low back pain; has numbness of left arm and left leg; This study is being ordered for a neurological disorder.; 09/27/16; There has been treatment or conservative therapy.; neck pain with paresthesia of left arm & low back pain with paresthesia of left leg; patient has done physical therapy without success, pain is worse now; patient has been on pain medications, steroids without controlling the pain	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Patient has had recent bouts with numbness in fingers and with faintness if she extends her neck upwards. CT performed at ER did not show enough details, requesting MRI study.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient becomes faint if extends her head up.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p> <p>Patient has had six weeks of conservative treatment with no improvement.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Upper extremity right V/V Left III/V Strength and grip.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Patient has had worsening neck pain that causes headaches. He has taken Neurontin with somewhat good response, but has had to continue taking pain medicine.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neck: Diffuse posterior tenderness mostly around C3-5 area. Neurologic: Upper extremities reveal strength is 4/5 in the right triceps, others are 5/5. Sensation & DTRs are equal.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Patient is a candidate for cervical and lumbar epidural injections. Possible surgical candidate pending MRI results.; This study is being ordered for trauma or injury.; 1998, but worsened on 01/23/2017 after falling.; There has been treatment or conservative therapy.; Neck pain radiating down both arms. Midline midback pain that worsens with movement, lying down, when going from sitting to standing, and lower back pain chronic duration. Tingling of both legs. Posterior cervical and lumbar spine exhibited moderate tenderness; Previously treated with Physical Therapy-which didn't help. Patient is unable to participate in therapy again due to recent injury on 01/23/2017.</p>	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is a candidate for Epidural Steroid Injections.; This study is being ordered for a neurological disorder.; 10/11/2014; There has been treatment or conservative therapy.; Tingling of the posterior right thigh. Neck pain in trapezius extends into shoulder. Lower back pain radiating to the legs posteriorly on the right and chronic duration. Cervical and lumbar spine midline tenderness exhibited on palpation. Range of motion ; Chiropractic Therapy with Dr. Chris Tate-which didn't help. Home therapy exercises-which hasn't helped.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is a pleasant 41 year-old white female who presents to clinic complaining that 2 days ago she woke up with left ocular pain. She states when she moved her eyes she would feel discomfort. She then 1 day ago woke up and had loss of lower visual field; This study is being ordered for a neurological disorder.; 03/06/2017; There has not been any treatment or conservative therapy.; Left ocular pain. She states when she moved her eyes she would feel discomfort. loss of lower visual field and left peripheral vision.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	patient with spindle cell lipoma had MRI c-spine and t-spine done in August.; artifax noted on films recommendation of repeat done after braces taken off; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; august 2016; There has not been any treatment or conservative therapy.; patient with spindle cell lipoma had MRI c-spine and t-spine done in august. artifax noted due to patient's braces.; recommendation for repeat MRI after braces taken off.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pending MRI results patient is a candidate for cervical and lumbar epidural steroid injections and possibly surgery.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/24/2010; There has been treatment or conservative therapy.; Numbness and tingling of the lateral left arm. Midline upper back pain, radiating along the midline, and lower back pain chronic duration. Cervical and lumbar spine midline tenderness on palpation. Pain demonstrated with flexion and rotation. Previously t; Physical Therapy for several months with no improvement.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	plain film abnormal widening of the C-5 and C-6 radiologist suggests further imaging; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decreased sensation left inner forearm DTR's abnormal Tenderness in C-3 C-4 right infrascapular; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Previous CT showing posterior disc bulge. Needing MRI to be evaluated by Neurosurgeon; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt had EMG/NCV on 3/6/17 which was abnormal. Radiologist recommended patient have MRI of Cervical and Thoracic Spine.; This study is being ordered for trauma or injury.; January 30, 2017; There has been treatment or conservative therapy.; neck pain that goes from neck to shoulder, down to elbow and fingers/forearm numb.; pt started Tramadol, Prednisone and Decadron on 2/22/17. Was seen again on 2/27/17 and started Meloxicam and continued Tramadol. Pt was seen on 3/1/17 by Dr. Joseph/Orthopedic doctor and was given injections. Still continued pain.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt has complaints of neck and shoulder pain with paresthesias x 3 months. She has failed treatment with NSAIDS, muscle relaxers, and physical therapy. This study is for further eval; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt is having back and should pain, is having some numbness and tingling in bilateral lower extremities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; shoulder and back pain; pt has under went injections, chiropractor	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt is having worse pain and now having numbness in bilateral hands. She has had steroid dose pack and on medication daily. she has tried heat therapy and has done 2 weeks of pt and now doing home exercises; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt with neck pain radiculopathy to left arm, numbness tingling and weakness noted to left arm and grip.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of grip to left hand. fourth and fifth digit of left hand with parasthesia; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt. c/o of low back pain started on right side and now goes all the way across, also numbness in bilateral arms, no longer drives as she cannot feel her arms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/O herniated disc; This study is being ordered for a neurological disorder.; 01/31/2017; There has been treatment or conservative therapy.; pain in back radiating to legs and feet; physical therapy, injections	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/O MS; This study is being ordered for a neurological disorder.; 01/23/2017; There has been treatment or conservative therapy.; Ongoing, progressively worse pain in leg, essential tremors, myoclonic jerks; Physical therapy	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	rates pain at 8/10.; This study is being ordered for trauma or injury.; 12/25/2016; It is not known if there has been any treatment or conservative therapy.; left arm pain radiating to elbow and hand; parasthesias, weakness	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	rule out spinal stenosis as cause of upper and lower extremity pain and radiculopathy; This study is being ordered for a neurological disorder.; 1/2015; There has been treatment or conservative therapy.; neck pain, hand numbness, low back pain, bil foot numbness.; pt was evaluated by neurology and EMG studies were unremarkable except bil carpal tunnel syndrome; PT, Cymbalta, Mobic	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Severe C Spine lesion found with nerve conduction study and severe cervicalgia; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; C spine lesion found on nerve conduction study, severe cervicalgia; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	symptoms not improving and worsening with time; This study is being ordered for Inflammatory/ Infectious Disease.; 01/26/2017; There has been treatment or conservative therapy.; neck pain, right shoulder pain and weakness in right hand; x-ray right shoulder showing arthropathy, mobic	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, this patient did not have a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	4
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	6

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	34
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	18
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	4
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	6
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	2

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.; norco	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; Yes, there is evidence of recent development of unilateral muscle wasting.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	259
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; &Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; Yes, the patient is demonstrating unilateral muscle wasting.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; numbness in left arm, neck pain, cervical disc degeneration; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Patient c/o constant neck pain radiating to the shoulder and arm. The pain is aching, sharp, throbbing and shooting. The pain is aggravated by bending, sitting, laying down, and daily activities. Associated symptoms include decreased mobility, difficulty ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Patient is having numbness and tingling of hands and arms. Nerve conduction study has been done and MRI Cervical Spine needs to be done to rule out cervical disk disease; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	77
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	2

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; STERIODS AND MUSCLE RELAXERS FAILED.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	4
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	5
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	54
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	10
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	3

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information> pt cannot lift do to pain, and arm weakness, pt has weakness numbness in right are, and pain in suprascapular.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; GENERAL: well developed, well nourished, in no apparent distress  EYES: lids and conjunctiva are normal;  RESPIRATORY: normal respiratory rate and pattern with no distress; normal breath sounds with no rales, rhonchi, wheezes or rubs;  CARDIOVASCULAR:	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Unremarkable x-ray	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; <Enter Additional Clinical Information>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; painful range of motion right arms and shoulder numbness in fingers	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Pt complains of pain and numbness in upper extremities for 2 weeks. Round of steroid helped the pain but did not help with the numbness and tingling in arms.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; STARTED CYCLOBENZAPRINE ON 1/30/2017 WITH HYDROCODONE; PARESTHESIA UPPER EXTREMITY, NECK PAIN; ; ROM of neck is normal. Has numbness and tingling of ring and pinky fingers bilaterally. Strength of arms and hands is normal. Objectively, the sensation of	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Taking prednisone and muscle relaxers that have helped some with her neck pain and spasm, but she continues to have intermittent periods where her left arm will go completely numb. During those periods she has decreased sensation in her fingers and arm an	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; <Enter Additional Clinical Information>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.; yes, there is a documented evidence of extremity weakness on physical examination.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; <Enter Additional Clinical Information>; No, the patient does not have new or changing neurological signs or symptoms.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; ; No, the patient does not have new or changing neurological signs or symptoms.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; CERVICALGIA,WT LOSS,NAUSEA,RADICULOPATHY BIL LEGS AND FEET PAIN,TINGLING,NUMBNESS POPPING,DECREASE MOBILITY PAIN IN NECK AND LEGS,R/O METASTATIC PROCESS FOR MRI R/O HNP; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; experiencing muscle pain on the right and neck pain; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; MVA 8 months ago. She has has more numbness in her upper left back.; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Pain with motion, tenderness, Minimal improvement with PT, tingling in the arms and fingers.; No, the patient does not have new or changing neurological signs or symptoms.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; whiplash injury; No, the patient does not have new or changing neurological signs or symptoms.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	11
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	tingling and numbness, asked to put heat on the area and given him Medrol dose package, no known injury or accidents to the area.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Cant lift anything without pain.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/15/2016; There has been treatment or conservative therapy.; neck and back pain which radiates into lower extremity, numbness in arm, tingling, pain in right leg, hip down to toes, pain in left leg down to knee, Radiculopathy; medications , PT	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknonw; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient arms were weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient had arm weakness and muscle weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 01/02/2017; There has been treatment or conservative therapy.; back pain, leg pain, unsteady gait, dizziness, numbness, tingling and pain in arm , fatigue; medication	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 05/04/2015; There has been treatment or conservative therapy.; Neck pain, bilateral back pain radiating down both legs. Tenderness in arms to elbow. Numbness in hands to figures. Numbness and pain. Constant discomfort.; Lumbar and CT, medications. Back brace. Muscle relaxers.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; headaches, difficulty finding words,; insets over a year, chiropractic , pt , home exercise	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2016; There has been treatment or conservative therapy.; weakness, numbness, tingling.; pt, medication	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; First appointment with ordering 01/31/2017. Patient Reports onset of symptoms began 1.5 years ago after a MVA.; There has been treatment or conservative therapy.; ; unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Chest pain in a longtime smoker, large chest mass, chronic neck pain	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; decreased range of motion and movement, muscle spasms; steroids, pain meds, chiropractor	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 6 weeks ago, 1/2/17; There has been treatment or conservative therapy.; 27 broken bones in back and foot, swelling, bruising, decrease ROM and redness; medication therapy, xrays	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unkown; This study is being ordered for trauma or injury.; 2/21/2013; secondary injury 2/20/2017; There has been treatment or conservative therapy.; pt. has pain in back, decrease ROM, weakness in legs, numbness in legs and lower back, unable to exercise, kneel, unable to put on own socks/shoes, walking limited distance. History of C-Spine fracture . Tenderness in CS and LS, hand swelling moderate pai; pt. has medication, therapy, seen a neurologist	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	YES; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; radiculopathy, pain between shoulder blades, radiates from side up to front, limited range of motion, tingling, numbness	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; November 2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; chiropractic care	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 18 MONTHS AGO; There has been treatment or conservative therapy.; LOW BACK PAIN, WEAKNESS AND NUMBNESS W/TINGLING; MEDICAL THERAPY	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; arm pain numbness; over the counter chiropractor	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; HEADACHES / BACK PAIN /	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2016; There has been treatment or conservative therapy.; Pt suffers with numbness and tingling in arms and hands.; anti-inflammatory	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2016; There has been treatment or conservative therapy.; Back pain and spasms; Nsaid, chiropractor, heat and ice	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2016; There has been treatment or conservative therapy.; Pain in back, pain with SI joints, radiculopathy; PT	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/27/2016; There has been treatment or conservative therapy.; Back Pain, Pain radiating into extremities; Inseeds, PT	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over 2 years; There has been treatment or conservative therapy.; neck and upper back pain radiating to right arm; chiropractor, physical therapy, medication.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/18/2017; There has not been any treatment or conservative therapy.; Pain in the neck, back, and ankle, leg swelling	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/9/2016; There has been treatment or conservative therapy.; patient fell and pain is getting worse; anti inflammatory	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/27/2016; There has been treatment or conservative therapy.; back pain; physical Therapy	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/10/17; There has been treatment or conservative therapy.; Back pain, weakness in the legs; Had a CT in the Er and was told she had a compression fracture, she also wore a back brace	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; INJURY 2008 OR 2009; There has been treatment or conservative therapy.; LOWER BACK PAIN OFF AND ON, PAIN MEDICATION, CONSIDERING SURGERY, LETHARGIC, RIDICULOPATHY IN LUMBAR REGION; PHYSICAL THERAPY	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is unknown if there is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; see attached clinicals; It is not known if there has been any treatment or conservative therapy.; see clinicals attached	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;	2

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; Patient involved in an MVA on 01/02/17. Hit by semi truck. still having severe thoracic and lumbar pain.; There has been treatment or conservative therapy.; Patient can't walk very far due to exacerbation of the pain. Pain limits his ambulation and movement.; Patient treated at ER with Fentanyl injection and morphine as well as Hydrocodon and Valium. No Physical therapy as patient can't tolerate moving.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	a/o, pat. in pain w l and t spine pain.. focal pain to palp of spinous processes of L 3 and T 10 or so. xrays w both above vert. bodies w mild abnormalities. Additionally reports: osteoporotic thoracic spine compression fx w cruciform brace, miacalcin, pr; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/13/2016; There has been treatment or conservative therapy.; 2 days of mid back pain starting abruptly w/o trauma, w/o radiation/radicular s/s. known osteoporosis on meds. pain worse w activity, movement. paraspinal muscles tender.; she has been using a back brace and had was off of work for the first 2 weeks	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	difficulty moving on her own; This study is being ordered for a neurological disorder.; 9/22/2016; There has been treatment or conservative therapy.; pins and needles and spasms in feet for the past month, hard for Pt to move legs and hands, unable to function properly, stiffness in LE. Work up was negative; medication	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	doctor is looking for additional view for explanation of central signal in cord consistent with a tiny syrinx.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has chronic low back pain and mri of thoracic spine w/o cont showed central signal in cord consistent with a tiny syrinx.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	EVALUATE UNDERLYING CAUSE OF PAIN IN CERVICAL AND THORACIC BACK PAIN.MODERATLY DECREASED ROM IN NECK AND THORACIC SPINE TENDERNESS WITH EXACERBATION OF PAIN CAUSED BY EXTENDING ARMS; This study is being ordered for a neurological disorder.; 09/07/2016; There has been treatment or conservative therapy.; Mid thoracic spine tenderness. Pain in the area exacerbated by extending arms against resistance; THORACIC BACK PAIN,RADICULOPATHY TO ANTERIOR TORSO,SPINAL TENDERNESS; PUSHING AGAINST HARD SURFACE INCREASES PAIN IN MID TO UPPER BACK AREA.HX C-SPINE ISSUES; MEDS:BACLOFEN,CELEBREX,HYDROCODONE-ACETAMINOPHEN,LYRICA; HOME EXERCISES	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	F/u after failed for the 2nd round of therapy; This study is being ordered for a neurological disorder.; 1/9/17; There has been treatment or conservative therapy.; Chronic pain w/ limited range of motion Muscle stiffness Radiculopathy; PT 8 wks Flexeril Diclofenac Hydrocodone	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	in car accident a few years ago and fractured back, believes he has aggravated it again, taking ibuprofen without much relief; This study is being ordered for trauma or injury.; about a week ago, estimated Feb 22; It is not known if there has been any treatment or conservative therapy.; low back pain	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Patient is complaining of thoracic pain, x-ray shows compression fractures at T8 and T9, also shows Kyphoscoliosis.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; back pain and difficulty walking; Went to the ER on 03/24/2017 when he fell and hurt his back, Tenderness of the lower mid back to percussion	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; N/a	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; skipped clinicals	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	none; This study is being ordered for trauma or injury.; 10/6/2016; There has been treatment or conservative therapy.; Right hip locking up, Pain, compression fracture of L1 and2.; Back Brace, MEDS	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	on set of pain 2 years ago. conservative therapy not working. x-rays were normal.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pain in T-spine at level of T6 area with palpation. - No bony deformity noted.  TTP to musculature of low back. Positive right leg raise today. Bilat patellar reflex 2 +. Sensation intact. schedule MRI of T and L spine due to persistent pain unresponsi; This study is being ordered for trauma or injury.; 12/22/16; There has been treatment or conservative therapy.; Here for f/u on back pain after completing PT. She was originally evaluated by me in December 2016.  She was re-evaluated by me on 1/23/17 for continued pain. She continues to have pain in T-spine and low back pain now radiating down anterior upper leg d; 6 weeks of physical therapy and medication	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pain is progressing T11 & T12 disc degeneration changes; This study is being ordered for a neurological disorder.; 1/2017; There has been treatment or conservative therapy.; Chronic back pain; PT Robaxin Meloxicam	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	pain present at least 3 months, chronic pain, neck pain or cervicalgia, degenerative disc disease, thoracic; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pain present at least 3 months, chronic pain, neck pain or cervicalgia, degenerative disc disease, thoracic; It is not known if there has been any treatment or conservative therapy.; chronic pain	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient has a new onset elevated CRP level.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with complaints of back pain, neck pain more than 2 years.; There has been treatment or conservative therapy.; Persistent back pain, cervical radiculopathy and neuropathy; Patient has had medication therapy and physical therapy. previous treatment with Pain Management.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	patient is having worsening back pain. has been seeing physical therapy for four weeks with out any relief patient was involved in a MVA. patient can not sit for more than 20 minutes with out pain. patient has hx of bulging disc in her lumbar spine.  ; This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is having worsening back pain. has been seeing physical therapy for four weeks with out any relief patient was involved in a MVA. patient can not sit for more than 20 minutes with out pain. patient has hx of bulging disc in her lumbar spine.  ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient presents 3/3/2017 for follow up with symptoms that have worsened since since last visit. Patient continues to have pain in the right posterior rib cage and the rib films showed some splaying.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	patient with spindle cell lipoma had MRI c-spine and t-spine done in August. artifax noted on films recommendation of repeat done after braces taken off; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; august 2016; There has not been any treatment or conservative therapy.; patient with spindle cell lipoma had MRI c-spine and t-spine done in august. artifax noted due to patient's braces recommendation for repeat MRI after braces taken off.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	PT FELL WAS HIT AND KICKED; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; SEVERE BACK PAIN RADIATING TO HIP AND LEG; EPIDURAL INJECTION	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pt had EMG/NCV on 3/6/17 which was abnormal. Radiologist recommended patient have MRI of Cervical and Thoracic Spine.; This study is being ordered for trauma or injury.; January 30, 2017; There has been treatment or conservative therapy.; neck pain that goes from neck to shoulder, down to elbow and fingers/forearm numb.; pt started Tramadol, Prednisone and Decadron on 2/22/17. Was seen again on 2/27/17 and started Meloxicam and continued Tramadol. Pt was seen on 3/1/17 by Dr. Joseph/Orthopedic doctor and was given injections. Still continued pain.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	pt is having back and should pain, is having some numbness and tingling in bilateral lower extremities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; shoulder and back pain; pt has under went injections, chiropractor	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	R/O herniated disc; This study is being ordered for a neurological disorder.; 01/31/2017; There has been treatment or conservative therapy.; pain in back radiating to legs and feet; physical therapy, injections	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	tenderness and limited ROM, back pain (Shooting pain ever once in awhile), lower back and middle back has hurt intermittently for years, she has known degenerative disc disease, x-rays at er confirm this, has never had an MRI, pain radiates around trunk ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; lower back and middle back has hurt intermittently for years; It is not known if there has been any treatment or conservative therapy.; has known degenerative disc disease, x-rays at er confirm this, has never had an MRI, pain radiates around trunk to the anterior, radiates down both legs, some numbness and tingling down the legs, back pain (Shooting pain ever once in awhile), tendernes	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; &Enter Additional Clinical Information& The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	4
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	3

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Weakness, decreased range of motion; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.;" This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; XR Thoracic Spine impressions: Inferior endplate compression at T11. MRI considered clinically indicated	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; T-12 vertebrate made be fracture	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	33
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to pre-operative evaluation.; 62 year old male complaining of mid-back pain after a fall, plain films show an abnormality at T6.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.; Diclofenac, Robaxin, Ibuprofen	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; There has not been a recurrence of symptoms following surgery.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There is recent evidence of a thoracic spine fracture.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; DTRs abnormal (3+ b/l knees, sustained clonus b/l ankles). Coordination and Cerebellum: intention tremor.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Pt experiencing radiating pain bilateral upper extremities and bilateral lower extremities. Pt is experiencing weakness, numbness, tingling and burning. Standing, walking, any type of physical activities longer than 10 -15 minutes. Pt has sleep difficul; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is x-ray or laboratory evidence of paraspinal abscess.; The study is being ordered due to known or suspected infection or abscess.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/15/2016; There has been treatment or conservative therapy.; neck and back pain which radiates into lower extremity, numbness in arm, tingling, pain in right leg, hip down to toes, pain in left leg down to knee, Radiculopathy; medications , PT	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2016; There has been treatment or conservative therapy.; numbness and tingling. pain. weakness in right leg.; PT and medications	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Unknown; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Hypothesia, and bilateral CA 21 R L2-4, decreased ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 01/02/2017; There has been treatment or conservative therapy.; back pain, leg pain, unsteady gait, dizziness, numbness, tingling and pain in arm , fatigue; medication	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2012; There has not been any treatment or conservative therapy.; Pain, Low and upper back pain, Numbness and tingling down his right thigh and leg.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/20/2017; There has been treatment or conservative therapy.; back pain, abdominal pain; mediation	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2016; There has been treatment or conservative therapy.; weakness, numbness, tingling,; pt, medication	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		28

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; found in lumbar spine; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lower extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ON RIGHT LEG FROM KNEE DOWN; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in L Leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	8
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	11
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; steroids PT	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/13/2016; There has been treatment or conservative therapy.; hip pain, lumbar pain, numbness, tingling in legs, walks with a limp; medication, physical therapy, injection s	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ER VISIT 2/27/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; X-RAY, MEDICATION	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/19/2017; There has been treatment or conservative therapy.; back pain, neck pain limited ROM; pt	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 18 MONTHS AGO; There has been treatment or conservative therapy.; LOW BACK PAIN, WEAKNESS AND NUMBNESS W/TINGLING; MEDICAL THERAPY	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; arm pain numbness; over the counter chiropractor	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; HEADACHES / BACK PAIN /	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has been treatment or conservative therapy.; neck pain trimmers nerve pain down left arm lower back pain; pt amd medicine	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/2016; There has been treatment or conservative therapy.; shoulder pain neuropathy arthritis low back left shoulder pain lumbar radiculopathy; PT tramadol gabapentin	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2016; There has been treatment or conservative therapy.; Back pain and spasms; Nsaid, chiropractor, heat and ice	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-03-2016; There has been treatment or conservative therapy.; lower back and neck pain decreased mobility pain is worsening xrays were abnormal spinal tenderness moderate pain with motion; medications physical therapy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/2016; There has been treatment or conservative therapy.; Lumbar pain radiculopathy; back pain meds	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/27/2016; There has been treatment or conservative therapy.; Back Pain, Pain radiating into extremities; Inseeds, PT	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 72/2013; There has not been any treatment or conservative therapy.; NECK AND BACK PAIN	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/30/2016; It is not known if there has been any treatment or conservative therapy.; pain in back and neck.numbness and tingling in right leg worsens when sitting or in sitting position. patient has 7 weeks of pt but the pain persists	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ABOUT A YEAR; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PATIENT HAS HAD ORAL MEDICATIONS.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; numbness, weakness, pain in neck; pt,	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years; There has been treatment or conservative therapy.; neck & lbp, numbness in hands & legs, ltd rom; meds, inj	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/18/2017; There has not been any treatment or conservative therapy.; Pain in the neck, back, and ankle, leg swelling	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/9/2016; There has been treatment or conservative therapy.; patient fell and pain is getting worse; anti inflammatory	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/19/2014; It is not known if there has been any treatment or conservative therapy.; back pain and migrane headaches	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/10/17; There has been treatment or conservative therapy.; Back pain, weakness in the legs; Had a CT in the Er and was told she had a compression fracture, she also wore a back brace	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3 weeks ago; There has been treatment or conservative therapy.; tingling and pain; PT , venus doppler was done negative , anti inflammatories and muscle relaxers ,	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/2016; There has been treatment or conservative therapy.; low back pains. new onset hip pains.; rest, heat, medication	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; INJURY 2008 OR 2009; There has been treatment or conservative therapy.; LOWER BACK PAIN OFF AND ON, PAIN MEDICATION, CONSIDERING SURGERY, LETHARGIC, RIDICULOPATHY IN LUMBAR REGION; PHYSICAL THERAPY	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	4

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; CHRONIC LOW BACK PAIN, LIMITED ROM, NUMBNESS OF FOOT, WEAKNESS, has limited his mobility to a point he cannot get out of bed.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Increased weakness and numbness to bilateral lower extremities. With increased pain and limited ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness going down legs cannot stand or sit long periods of time; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Unable to perform straight leg test due to pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs has been let go at job because she could not do the lifting with legs going weak and severe back pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; formal home exercise program with gabapentin and hydrocodone with no relief	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DocumentPt pain is not improving and getting worse. Left sided low back pain continues. Pt with shooting pains down his left leg. Denies urinary or bowel complaints. Denies saddle anesthesia. He admits to stenosis dx with MRI done in the fall of 2014. Pt s; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 01/04/2017; There has not been any treatment or conservative therapy.; Patient is having back and neck pain with radiating numbness	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; see attached clinicals; It is not known if there has been any treatment or conservative therapy.; see clinicals attached	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/8/2016; There has been treatment or conservative therapy.; Severe low back pain with radiculopathy. she has numbness in left foot with cramping. pain radiates down bilateral legs and buttocks; medication including anti-inflammatory. Physical therapy stretches	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; lower back and neck pain with numbness into both hands pt. has finished PT and NSAIDS for months and she is not improved; physical therapy, NSAIDS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 12/30/16; There has been treatment or conservative therapy.; Back pain radiating down legs; Physical therapy, naprosyn, flexeril, tylenol #3 , medrol dose pack	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; Patient involved in an MVA on 01/02/17. Hit by semi truck. still having severe thoracic and lumbar pain.; There has been treatment or conservative therapy.; Patient can't walk very far due to exacerbation of the pain. Pain limits his ambulation and movement.; Patient treated at ER with Fentanyl injection and morphine as well as Hydrocodon and Valium. No Physical therapy as patient can't tolerate moving.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	a/o, pat. in pain w l and t spine pain.. focal pain to palp of spinous processes of L 3 and T 10 or so. xrays w both above vert. bodies w mild abnormalities. Additionally reports: osteoporotic thoracic spine compression fx w cruciform brace, miacalcin, pr; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/13/2016; There has been treatment or conservative therapy.; 2 days of mid back pain starting abruptly w/o trauma, w/o radiation/radicular s/s. known osteoporosis on meds. pain worse w activity, movement. paraspinal muscles tender.; she has been using a back brace and had was off of work for the first 2 weeks	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ACUTE LEFT SIDED LOW BACK PAIN WITH LEFT SIDED SCIATICA,LEFT FLANK PAIN THRU BUTTOCK AREA DOWN LEFT LEG,LEFT ANKLE,CONSTANT PAIN,FEELS LIKE CHARLIE HORSE,PT.CHRONIC KIDNEY DISEASE STAGE 2,CHRONIC HEPATITIS C; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	atient complains of low back pain. The discomfort is most prominent in the thoracic spine and in the lumbar spine. This is a chronic, but intermittent problem with an acute exacerbation. He states that the current episode of pain started one year ago. ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; atient complains of low back pain. The discomfort is most prominent in the thoracic spine and in the lumbar spine. This is a chronic, but intermittent problem with an acute exacerbation. He states that the current episode of pain started one year ago.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back spasms; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Back stiffness and pain radiates to bilateral LE, standing, walking and climbing stairs are difficult. Paraspinous muscle spasms, tenderness over and lumbar and sacral vertebrae. MVA in 2008-pain since accident.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Back surgery in 80's, back pain since then; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back and neck ddd; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/02/17; There has been treatment or conservative therapy.; back and neck ddd; naproxen	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Bilateral Lumbar sacral spasms Limited flexion Lumbar sacral spine Abnormal deep tendon reflections X-ray - Intervertebral disk space narrowing at L4-05 and L5-S1 Degenerative; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Decreased bi-lateral quadriceps reflex	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chief Complaint of Numbness (bilat legs. all symptoms have been going on for the past two months); Fall (falling due to numbness in legs); Back Pain; and Cyanosis (in bilateral legs); The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness (bilat legs. all symptoms have been going on for the past two months); Fall (falling due to numbness in legs); Back Pain; and Cyanosis (in bilateral legs); The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	chronic back pain with history of recent fall and compression fracture; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; cyclobenzaprine, flexeril, hydrocodone, ibuprofen, medrol, percocet	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chronic back pain, previous imaging shows some abnormalities; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chronic pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; L2 is less than 10% of normal size, DJD. Weakness in rt. LE, radiculopathy.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	completed pt; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	decrease range of motion low back pain compression fracture to tee spine; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	DETERMINING IF PAIN COMING FROM LUMBAR SPINE OR RIGHT HIP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/16/2016; There has been treatment or conservative therapy.; JOINT PAIN, RIGHT HIP AND RIGHT LEG PAIN; MEDICATIONS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	difficulty moving on her own; This study is being ordered for a neurological disorder.; 9/22/2016; There has been treatment or conservative therapy.; pins and needles and spasms in feet for the past month, hard for Pt to move legs and hands, unable to function properly, stiffness in LE. Work up was negative; medication failed conservative therapy. getting worse with PT. Mobic not helping. low back xray showed severe dextrorotary, scoliotic curve of the lumbar spine, and severe degenerative disc disease; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	gait: slowed and marked difficulty--must hold on to people or furniture to walk; , tone and strength: 5/5 bilat quadriceps; , range of motion: decreased ROM with back flexion, extension, and (marked limitation of ant flex'n & ext'n); pain with back flexio; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; reflexes: knee jerks: 3+; sensation: (N) to light touch L/E's;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	gait: slowed; range of motion: decreased ROM with back flexion; pain with back flexion; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	had history of fall pain going down right leg numbness and weakness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	has lumbar spondylosis with radiation of pain bilaterally and needs MRI lumbar; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	He had lumbar surgery numerous years ago (lumbar fusion in 2002) and feels that his pain is progressively getting worse. He is unable to recall when his last MRI was.; S/P Lumbar Neurotomy. The patient complains of pain in lower back, in left knee, in ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	in car accident a few years ago and fractured back, believes he has aggravated it again, taking ibuprofen without much relief; This study is being ordered for trauma or injury.; about a week ago, estimated Feb 22; It is not known if there has been any treatment or conservative therapy.; low back pain	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	LBP, decreased DTR of BL knees, diminished light touch to lateral thighs; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; decreased DTR of BL knees, diminished light touch to lateral thighs Left leg weakness; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt with several months of low back pain. Recent weakness in left leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	LEFT SIDED SCIATICA, DECREASED RANGE OF MOTION, WORSENING BACK PAIN,TENDERNESS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DECREASED RANGE OF MOTION, TENDERNESS, MYALGIAS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	LEFT SIDED SCIATICA, DECREASED RANGE OF MOTION, WORSENING BACK PAIN,TENDERNESS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DECREASED RANGE OF MOTION, TENDERNESS, MYALGIAS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Low back pain details; the discomfort is most prominent in the lumbar spine. This radiates to the left and right buttock. He characterizes it as sharp and burning. He has tried PT in the past. This is a Chronic condition with and accute episode thatsta; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Low back pain details; the discomfort is most prominent in the lumbar spine. This radiates to the left and right buttock. He characterizes it as sharp and burning. He has tried PT in the past. This is a Chronic conditdion with and accute episode thatsta; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>lumbar pain, weakness, numbness. Pt has failed all conservative treatment including several months of physical therapy, NSAIDS, lumbar steroid injections. Must have updated MRI to check for worsening disc bulge and to see if she is eligible for surgery.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and giving away of left leg, slowed gait; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Lumbar radiculopathy, weak limbs (left quadriceps); numbness of the legs/feet (left anterior leg); tingling, Gait and Station: Appearance: antalgic gait (to right) and ambulating with walker, Neurological System: Ankle Reflex Right: absent (0). Knee Refle; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weak limbs (left quadriceps), Special Tests on the Left: left straight leg raising positive; Patrick's test positive on left. Reflexes on the Left: left knee reflex diminished and ankle reflex diminished,decrease sensation of left foot and leg (mild decre; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	LUMBAR SPINE TENDERNESS; History of Present Illness: 1. musculoskeletal pain; Onset: 1 month ago. The problem is stable. Location: lower back. The pain is aggravated by movement. Associated symptoms include decreased mobility, nocturnal awakening, ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Duration of Symptoms: Start: 12/30/2016 ; ; Physical Exam Findings: low back pain with radiculopathy to the right leg, associated right leg numbness right foot pain, decreased mobility nocturnal awakening and nocturnal numbness, lumbar tenderness, decreased muscle strength in both legs and it was 4 out of 5 pt had slrp on left at 30 degrees; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Ms. Manning presents with low back pain. Reason for visit: Pain. The discomfort is most prominent in the mid lumbar spine. This radiates to the hips. She is unable to describe the discomfort. The pain level between 1 and 10 is a 4. This is a chronic; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; pain; joint injection, pain medication and muscle relaxer	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Ms. SANDERS presents with low back pain. The location is primarily in the lower lumbar spine. It does not radiate. She characterizes it as intermittent, moderate in intensity, dull, and aching. This is an acute episode with no prior history of back pain; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MUSCULOSKELETAL: gait: affected by a right leg limp; range of motion: decreased ROM with back lateral flexion; pain with back extension and lateral flexion; ; NEUROLOGIC: sensation: hypoesthesia in right L5 distribution; Patient complains of low back pain; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	N/A; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Needs MRI to be referred for surgery or injection; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; HEP did not help, PT attempted but back pain increased. HEP for several months.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	NEW ONSET OF RADICULOPATHY WITH BACK PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Msk: joint tenderness, decreased ROM and kyphosis. ; Lumbosacral Exam: ; Inspection-deformity: Normal; Palpation-spinal tenderness: Abnormal; Location: L4-L5; Range of Motion: Forward Flexion: 60 degrees; Squatti; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	No Info Given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Several Years; There has been treatment or conservative therapy.; Pt. has weakness, Achilles tendon pain. Pt. range of motion is off, visual disturbance, and numbness.; Pt. did Physical therapy and had an injection.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	none; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	NONE; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; The Pt has back pain, bulging discs in lumbar spine , bilateral canal stenosis. Pt has bileateral leg pain, numbness and tingling. Pt had nereve conduction study cervical spine disease.; The Pt has had Ct scans, medication therapy.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	none; This study is being ordered for trauma or injury.; 10/6/2016; There has been treatment or conservative therapy.; Right hip locking up, Pain, compression fracture of L1 and2.; Back Brace, MEDS	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Numbness and tingling and weakness in left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Numbness and tingling, weakness in right leg, pain radiates to right leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	numbness, tingling in neck and back; headaches;; This study is being ordered for trauma or injury.; 3/3/17; There has been treatment or conservative therapy.; stiffness, throbbing and tingling pain at neck and back; complains of dizziness, headaches, numbness and tingling and tightness; having trouble in school and at home with activities of daily living; aggravated by any movement; relived by nothing; chiropractice treatments	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pain in T-spine at level of T6 area with palpation. - No bony deformity noted.  TTP to musculature of low back. Positive right leg raise today. Bilat patellar reflex 2 +. Sensation intact. schedule MRI of T and L spine due to persistent pain unresponsi; This study is being ordered for trauma or injury.; 12/22/16; There has been treatment or conservative therapy.; Here for f/u on back pain after completing PT. She was originally evaluated by me in December 2016.  She was re-evaluated by me on 1/23/17 for continued pain. She continues to have pain in T-spine and low back pain now radiating down anterior upper leg d; 6 weeks of physical therapy and medication	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pain in unspecified joint; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pain is progressing T11 & T12 disc degeneration changes; This study is being ordered for a neurological disorder.; 1/2017; There has been treatment or conservative therapy.; Chronic back pain; PT Robaxin Meloxicam	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pain radiating down right leg. difficulty walking and no knee problems; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; when walking legs are giving out.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pain radiating down the L leg, muscle spasms throughout his lumbar spine.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; L leg weakness, gives out when walks, falls like its twisted; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pain radiating to bilateral thighs, aggravated when sitting, patient has been on muscle relaxer and pain meds for a week with no improvement, patient had steroid injections;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pain specialist Dr. Luo no longer is on insurance. Has been seeing her for 1-2 years. Last saw her in Oct. Stopped morphine recently as it really was not helping much. Still on tramadol 1-2 pills a day, cyclobenzaprine 10 mg prn. Has been trying shots in ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LEGS WILL TINGLE AND GO NUMB AT TIMES; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pain that radiates down right leg, has did pt ;,; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient fell and landed on knee and buttocks. Low back pain that is radiating down into the left leg with difficulty walking.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient states that the pain is radiating down into her left leg with trouble walking.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has a new onset elevated CRP level.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with complaints of back pain, neck pain more than 2 years.; There has been treatment or conservative therapy.; Persistent back pain, cervical radiculopathy and neuropathy; Patient has had medication therapy and physical therapy. previous treatment with Pain Management.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has continued neck pain and low back pain; has numbness of left arm and left leg; This study is being ordered for a neurological disorder.; 09/27/16; There has been treatment or conservative therapy.; neck pain with paresthesia of left arm ; low back pain with paresthesia of left leg; patient has done physical therapy without success, pain is worse now; patient has been on pain medications, steroids without controlling the pain	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has had failed attempts by medication and physical therapy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has weakness in upper extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has tried PT, heat, ice, chiropractic, acupuncture, and positive leg raise; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has tried warm compresses,rest, back exercises, NSAIDs and Had 2 ER visits while on PT and after 4 sessions her pain has worsenrd and even hydrocodone or oxycodone are not helping&#xOD; pja md; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is a candidate for cervical and lumbar epidural injections. Possible surgical candidate pending MRI results.; This study is being ordered for trauma or injury.; 1998, but worsened on 01/23/2017 after falling.; There has been treatment or conservative therapy.; Neck pain radiating down both arms. Midline midback pain that worsens with movement, lying down, when going from sitting to standing, and lower back pain chronic duration. Tingling of both legs. Posterior cervical and lumbar spine exhibited moderate tende; Previously treated with Physical Therapy-which didn't help. Patient is unable to participate in therapy again due to recent injury on 01/23/2017.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is a candidate for Epidural Steroid Injections.; This study is being ordered for a neurological disorder.; 10/11/2014; There has been treatment or conservative therapy.; Tingling of the posterior right thigh. Neck pain in trapezius extends into shoulder. Lower back pain radiating to the legs posteriorly on the right and chronic duration. Cervical and lumbar spine midline tenderness exhibited on palpation. Range of motion ; Chiropractic Therapy with Dr. Chris Tate-which didn't help. Home therapy exercises-which hasn't helped.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is having severe pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Having thigh weakness, with limping gait.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient presents for follow-up regarding chronic back pain over the past 10 years, from lumbar spine through thoracic and cervical spines; patient has been seen x2 over the past couple of months for symptoms. Was tried on meloxicam daily; increased to twi; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; tried on meloxicam daily; increased to twice daily with minimal relief. Patient reports he is seeing a chiropracter with minimal relief as well. Patient has been doing physical exercises at home (per handouts provided at previous visits) with stretching f; Meloxicam 7.5 mgs, 1 tab twice a day</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient presents today with c/o right-sided lumbar back pain with right sided sciatica. This is an acute on chronic problem that first began approximately 9 months ago. No known injury. The pain is positional with bending or lifting, with radiation down t; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient with acute onset of low back pain,sciatica. Pain is severe and stabbing. Patient was seen in the Emergency room on 01/01/17. Xray notes L5-S1 facet arthropathy. At the time of ER visit patient was treated with steroid injection and pain meds. Seen; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patients pain in the lower pain is going down into her left leg. she is not responding to pain meds and the pain is just getting worse.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pending MRI results patient is a candidate for cervical and lumbar epidural steroid injections and possibly surgery.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/24/2010; There has been treatment or conservative therapy.; Numbness and tingling of the lateral left arm. Midline upper back pain, radiating along the midline, and lower back pain chronic duration. Cervical and lumbar spine midline tenderness on palpation. Pain demonstrated with flexion and rotation. Previously t; Physical Therapy for several months with no improvement.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	possible lumbar stenosis, narrowing or disk abnormality; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain radiating to the legs Quality: sharp Severity: moderate (5-7) Duration: cannot identify  Onset/Timing: recurrent episode  Context: prior back problems; used medications for back pain  Alleviating Factors: rest  Aggravating Factors: movement/po; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Previous back strain and radiculopathy; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	previous spine fusion; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt does have degenerative disc disease of the lumbar.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient also has degenerative disc disease of the lumbar.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PT FELL WAS HIT AND KICKED; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; SEVERE BACK PAIN RADIATING TO HIP AND LEG; EPIDURAL INJECTION	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt had left lower extremity weakness with leg swelling.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased range of motion. Unable to flex, rotate and extend without pain. Tender to palpitations at sacral region with mild fullness to the muscle.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has a h/x of degenerative disc disease; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PT HAS DONE SOME SESSIONS OF PHYSICAL THERAPY WITH ONLY IMMEDIATE TEMPORARY PAIN RELIEF LASTING ONLY 30MIN TO 1HOUR AFTER TREATMENT. DOING AT HOME EXERCISES WITHOUT RELIEF. PAIN IS WORSENING. HE IS TAKING GABAPENTIN, HAS TRIED AND FAILED OXYCODONE, TAKEN ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; DECREASED ROM WITH BACK FLEXION, CREPITUS, TENDERNESS, EFFUSION. TENDERNESS NOTED IN THE LEFT S-I JOINT. POS STRAIGHT LEG LIFT ON LEFT. RELEXES KNEE JERKS 2+, ANKLE JERKS, ZERO SENSATION TO LEFT FOOT pt having back pain since fall January 2017...pain scale 10/10.; pain radiates into left thigh..all activities of daily living increases pain...had trigger point injection on 1/12/17 with no relief...over the counter meds do not help.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt is having back and shoulder pain, is having some numbness and tingling in bilateral lower extremities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; shoulder and back pain; pt has under went injections, chiropractor	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt. recently had CT of Lumbar Spine performed. Impression per Radiologist indicated "No acute fracture of the lumbar spine" and "Probable small central disk protrusion at L5-S1. Follow up with MRI of the lumbar Spine"; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt. went to ER on Friday w/severe back pain. MRI recommended.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radicular pain of both legs, suspected degenerative disc disease; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	radicular symptoms when he bends down; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain in his legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	RADIOLOGY: I have ordered (There is documentation of the patient completing and failing a 4-6 week trial of P.T. and/or NSAIDS.), MRI lumbar spine w/o contrast to be done.  RECOMMENDATIONS given include: Continue current medications, Continue current t; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; 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.; worsening low back pain and radiculopathy; Gabapentin 300mg 2 tabs tid - started 2013 Meloxicam 15mg 1 tab daily - started 12/01/2016 Hydrocodone 10/325mg	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	RIGH LUMBAR RADICULOPATHY WITH PERINEAL NUMBNESS AND POSSIBLE CAUDA EQUINA SYNDROM FROM FALL OFF LATER; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS LUMBAR RADICULOPATHY THAT IS CAUSING LEG PAIN AND WEAKNESS; POSSIBLE SYMPTOMS OF CAUDA EQUINA SYNDROME; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	right side hip low back pain that is now radiating down leg started about year ago but continues to get worse has been to ER previously--- was told nerve Nov Sherwood urgent care--- xray and CT---- they said needed MRI because thinks nerve; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Rt sided sciatica and back pain; Has tried medication, back brace, PT and injections; wants to refer to a neurosurgeon r/o HNP; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	rule out spinal stenosis as cause of upper and lower extremity pain and radiculopathy; This study is being ordered for a neurological disorder.; 1/2015; There has been treatment or conservative therapy.; neck pain, hand numbness, low back pain, bil foot numbness. pt was evaluated by neurology and EMG studies were unremarkable except bil carpal tunnel syndrome; PT, Cymbalta, Mobic	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	see scanned reports; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 1) motor deficit of lower extremity 2) myelopathic sx's (lost reflexes  or weakness lower ext.) 3) Sciatica (pain radiates below knee) 4) LBP worse with activity 5) LBP worse w/ lumbar extension (downhill walking-standing-reaching overhead); The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Spasms on the right side, numbness in the feet, pain in mid back, right LB posture, bilateral LE tingling, decreased sensation in S1 nerve root right.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral LE weakness, more on the right side.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Surgery performed 5/2016, pain is getting worse.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	tenderness and limited ROM, back pain (Shooting pain ever once in awhile), lower back and middle back has hurt intermittently for years, she has known degenerative disc disease, x-rays at er confirm this, has never had an MRI, pain radiates around trunk ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; lower back and middle back has hurt intermittently for years; It is not known if there has been any treatment or conservative therapy.; has known degenerative disc disease, x-rays at er confirm this, has never had an MRI, pain radiates around trunk to the anterior, radiates down both legs, some numbness and tingling down the legs, back pain (Shooting pain ever once in awhile), tendernes	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	10
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has completed 6 weeks or more of Chiropractic care.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	14

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	8
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	25
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	3

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; There has not been a recurrence of symptoms following surgery.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	5
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for Trauma or recent injury	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	5
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	578
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	6

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	154
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	5
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	440
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Tingling and needle prick sensation.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/15/2016; There has been treatment or conservative therapy.; neck and back pain which radiates into lower extremity, numbness in arm, tingling, pain in right leg, hip down to toes, pain in left leg down to knee, Radiculopathy; medications , PT	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2016; There has been treatment or conservative therapy.; numbness and tingling. pain. weakness in right leg.; PT and medications	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Norco 10/325	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; 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.; ; Toradol Methylprednisolone Acetate - 80 mg one	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; reflexes: knee jerks: 2+; shuffling, stooped, and unsteady; Crepitus, Tenderness, Effusion: tenderness noted in the upper lumbar spine and lumbar paraspinous muscles;Decreased L1-2 intervertebral joint space	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness and weakness in both legs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Same notes on the Thoracic Spine request; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Tenderness and spasm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Norco.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in right leg .; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 01/02/2017; There has been treatment or conservative therapy.; back pain, leg pain, unsteady gait, dizziness, numbness, tingling and pain in arm , fatigue; medication	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 05/04/2015; There has been treatment or conservative therapy.; Neck pain, bilateral back pain radiating down both legs. Tenderness in arms to elbow. Numbness in hands to figures. Numbness and pain. Constant discomfort.; Lumbar and CT, medications. Back brace. Muscle relaxers.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2012; There has not been any treatment or conservative therapy.; Pain, Low and upper back pain, Numbness and tingling down his right thigh and leg.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/10/2016; There has been treatment or conservative therapy.; BACK PAIN, LEG WEAKNESS, MUSCLE SPASMS IN THE BACK; NSAIDS, PAIN MEDICATION, MUSCLE RELAXERS, HOME EXERCISES	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/20/2017; There has been treatment or conservative therapy.; back pain, abdominal pain; mediation	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; decreased range of motion and movement, muscle spasms; steroids, pain meds, chiropractor	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknwon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/30/2016; There has been treatment or conservative therapy.; lower back pain; Pain medications	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unkown; This study is being ordered for trauma or injury.; 2/21/2013; secondary injury 2/20/2017; There has been treatment or conservative therapy.; pt. has pain in back, decrease ROM, weakness in legs, numbness in legs and lower back, unable to exercise, kneel, unable to put on own socks/shoes, walking limited distance. History of C-Spine fracture . Tenderness in CS and LS, hand swelling moderate pai; pt. has medication, therapy, seen a neurologist	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	will fax; This study is being ordered for Inflammatory/ Infectious Disease.; ar least since June 2016 but worsening; There has been treatment or conservative therapy.; low back pain radiating down legs; L shoulder pain; tenderness; joint pain; weakness; gait difficulties; meds muscle relaxer; Mobic anti-inflammatory; pain meds;	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Will provide; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Muscle weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	X-ray shows anterior bony spurring of the upper interspaces.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Sudden loss of strength, has sharp pain in low then complete loss of strength in rt lower extremity. Pain is worse when lying or sitting.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	X-RAYS LUMBAR SPINE 02/12/2017 DISC LOSS AT L4/L5 AND L5/S1 LEVELS. CONTINUES TO HAVE LOWER BACK PAIN RADIATING DOWN LEFT LEG, NUMBNESS AND TINGLING EVERY DAY PAIN AND UNABLE TO STAND FOR LONG PERIODS OF TIME; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	3
Approval	72192 CT PELVIS WITHOUT CONTRAST	.pelvic pain with ambulation after fall in bath tube; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	2
Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are 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.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	Enter answer here - or Type In Unknown If No follow up on US results from 2/6 JHicks CNA . HPI: Followup Patient had US (Abd/Pelvis) of abdominal mass on 2/6. Here for results. Current Medication: Info Given.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Has had Doppler and found enlarged lymphnodes; 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.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Having abdominal tenderness; pain with palpation RLQ and LLQ; worsened since previous visit. Hx of ovarian cyst.; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	left hip pain; radiating to buttocks; legs, foot; weak limbs; numbness of the legs/feet; instability; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	pain 2.5 years after childbirth. abnormal xray; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	PAIN,JOINT,PELVIC REGION AND THIGH,HOT TO TOUCH,NUMBNESS,TINGLING,PAIN,TINGLING RADIATES INTO PELVIS,HIP,LIMPS,R/O ABSCESS,FX,ACHING,BURNING; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	patient had a 4.7 cm stone on CT abdomen, shows mild diverticulosis of colon and right renal cysts.; The hematuria is not painful.; This study is being ordered due to hematuria.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	PATIENT HAD AN ABNORMAL ABDOMEN CT. PAINFUL GAS, NAUSEA, ECT.; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient has a pelvic US and it showed a mass in her uterus.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient is passing large blood clots, having severe abdominal pain, and ongoing menstrual period.; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient with persistent groin and thigh pain following treatment for pelvic infection. Physical exam showed pain and tenderness in pelvic bone area.; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "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.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	pt came in with a knot in her gorin. we have only seen her this one time she said it is very painful and will not go away and seems to grow.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	Pt had an MRI L Spine, with a finding of boney lesion, and recommended by radiologist was a CT Sacrum focusing on the S3.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	PT WAS IMPALED BY HAY SPEAR.MARCH THE 4TH 2015. HE WAS LIFTED AND THROWN. WAS SEEN BY A SURGEON DR TREPTOW ON 1/5/2017. DR TREPTOW WANTED ANOTHER CT TO FOLLOW UP AND DR TUCKER IS PTs PCP. PT HAD A LEFT INGUINAL LACERATION.; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	SHARP PELVIC PAIN IN MALE,PAIN WHEN LIFTING LEGS,LEUKOCTTOSIS,ABNORMAL LAS,HEMATURIA,DECREASED URINE OUTPUT,DIFFUSE PELVIC PAIN,RASH,PAIN RADIATING TO HIPS AND THIGHS; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	swelling and pain in scrotal area, clinical finding of a mass.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	U/S soft tissues of Groin done for Right Groin pain. U/S Showes 4.8x6.5x2.7 CM massin the suprapubic region to the right of the midline. need to r/o an Organizing endometrioma vs. other masses.; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Will Attach Clinicals.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

Approval	72196 MRI PELVIS		1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has been treatment or conservative therapy.; N/V; abn ct	1
Approval	72196 MRI PELVIS	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1
Approval	72196 MRI PELVIS	Abdominal pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	chronic right groin pain evaluating for avn; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	Diffusely heterogeneous appearance to the uterus. Further evaluation with a contrast-enhanced MR examination of the uterus may be of benefit given the patient's symptoms  The patient presents with hematuria (painful and with clots). The problem began; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	72196 MRI PELVIS	Evaluate reason for severe pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/30/2016; There has been treatment or conservative therapy.; Hip and groin pain and low back pain; Physical therapy	1
Approval	72196 MRI PELVIS	Pain in lumbar/sacral region not improved after 3 lumbar epidural injections.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	Patient presents to clinic today to discuss her right pubic pain. It's about a 5 on a 1 to 10 scale of pain. 10 being the worst in one being the best. Says it hurts worse when she sits, standing actually makes it better. She says it feels like a constant ; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is NOT an evaluation of the pelvic girdle, sacrum or the tail bone (coccyx).	1

Approval	72196 MRI PELVIS	PELVIS PAIN UNSPECIFIC; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	Persistent diffuse low back pain which worsens throughout the day. Pain is unimproved with IM steroid injection. Lower back pain bilaterally, lumbar spine painful on movement, lumbar pain on palpation, chronic duration, and pain is significantly effecting; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	72196 MRI PELVIS	Please see attached clinicals; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	Pt had abdominal ultrasound; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/25/2016; There has been treatment or conservative therapy.; Pt has had CT and vaginal ultrasound; medication: Bactrim DS/Metroall, Pt has been to office several time and also referred a GYN doctor.	1
Approval	72196 MRI PELVIS	Pt has completed 6 weeks of physical therapy with failed treatment.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	R sided pelvis/hip pain w/o known injury. Pt has failed rest, activity mod, therapy, stretching exercises, massage therapy and NSAIDs. MRI to further evaluate pelvic structure and for stress fx R hip. positive for pain, decreased mobility, joint pain, ten; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	R/O cancer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2016; There has not been any treatment or conservative therapy.; Abnormal CT scan of abdomen and pelvis with hematuria	1
Approval	72196 MRI PELVIS	SWELLING X 2 WEEKS,MILD,NO INJURY,BULDGE ON RIGHT LOWER SIDE OF ABDOMEN WITH PRESSURE.SMALL RECTUS MUSCLE HERNIA; This is a request for a Pelvis MRI.;	1
Approval	72196 MRI PELVIS	The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	8
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	2
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	5
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	13

Approval	72196 MRI PELVIS	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ORGAN ANOMOLIES NOTED WITH INCREASING ABD/PELVIS PAIN. HEMATURIA AND MASS PRESENT.	1
Approval	72196 MRI PELVIS	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown	1
Approval	72196 MRI PELVIS	UNKOWN; This study is being ordered for Inflammatory/ Infectious Disease.; 2 YEARS AGO?; There has been treatment or conservative therapy.; LUMBAR PAIN RUQ PAIN R HIP PAIN PELVIC PAIN; HOME EXERCISES ANTI-INFLAMMATORY MEDICATIONS PAIN MEDICINE with ambetter, this will go to review, will just fax notes; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3/2016; There has not been any treatment or conservative therapy.; NUMBNESS PAIN	1
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	15
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	2
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1

Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	n/a; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	NONE; This study is being ordered for a neurological disorder.; 01/25/2017; There has been treatment or conservative therapy.; The Pt has pain, radiating into right shoulder. P has numbness in right arm. Pt had EMG recommends this study; Pt has had medication therapy	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	10
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	3
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	10
Approval	73221 MRI JOINT OF UPPER EXTREMITY		2

Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PATIENT HAS 6 WEEKS WITH NO IMPROVEMENT & SYMPTOMS ARE WORSENING.; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/19/2017; There has been treatment or conservative therapy.; Pain, popping, soreness, and sharp pain, limited ROM; Medications	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/2016; There has been treatment or conservative therapy.; shoulder pain neuropathy arthritis low back left shoulder pain lumbar radiculopathy; PT tramadol gabapentin	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has been treatment or conservative therapy.; neck and shoulder pain, tenderness going down arm, headache; physical therapy, muscle relaxers, heat and ice	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 29,2015; There has been treatment or conservative therapy.; The patient has pain in his shoulder. Sharp and throbbing.; Patient is in Physical Therapy, Pain medication.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3/2016; There has not been any treatment or conservative therapy.; NUMBNESS PAIN	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Continued pain and dysfunction.; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient still have pain getting worse doing the home treatment, nothing seems to help at all; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given ; January of 2016; There has been treatment or conservative therapy.;	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; bilateral shoulder pain, Doctor assessment from 01/17/2017 Severe arthritis in shoulders bilaterally.; Patient has been seen on 10/19/2016,11/16/2016, 12/15/2016, and 01/17/2017 all for shoulder pain. Patient was using Voltaren gel on 10/19/2016, nothing was changed. On 11/16/2016 Kenalog and Toradol injections were given along with a prescription for Za	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/23/2016; It is not known if there has been any treatment or conservative therapy.; constant pain in both wrists, pt denies injury, pain increasing. radiates in hand up to forearm. No decreased ROM or overuse. Hx of mild wrist pain in the past. Denies other joint pain. Pain improved with Ibuprofen. Xray did not show fracture, dislocation	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	40 yr old female w/ shoulder pain; numbness and tingling in right arm; weakness in that arm.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Constant worsening bilateral wrist pain and swelling. MRI needed to evaluate increased swelling about the carpal tunnel space.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7 months ago; There has been treatment or conservative therapy.; Pain, swelling, decreased mobility, joint tenderness, numbness, popping, swelling, tingling, weakness; Rest, splint, corticosteroid injection, NSAIDs	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	CONTINUED PAIN SINCE FALL INJURY 1/4/2017,WENT TO ER TREATED BUT STILL ALOT OF PAIN WITH SHOULDER.XRAYS:NORMAL R/O:ROTATOR TEAR; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	Date of initial onset: MUSCULOSKELETAL: normal gait; range of motion: decreased ROM in right shoulder; pain with ROM of right shoulder; Crepitus, Tenderness, Effusion: tenderness noted in the exquisite over the right anterior chest wall and shoulder/espec; This study is being ordered for trauma or injury.; MUSCULOSKELETAL: normal gait; range of motion: decreased ROM in right shoulder; pain with ROM of right shoulder; Crepitus, Tenderness, Effusion: tenderness noted in the exquisite over the right anterior chest wall and shoulder/especially of the clavicle; There has not been any treatment or conservative therapy.; Date of initial onset: MUSCULOSKELETAL: normal gait; range of motion: decreased ROM in right shoulder; pain with ROM of right shoulder; Crepitus, Tenderness, Effusion: tenderness noted in the exquisite over the right anterior chest wall and shoulder/espec	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	INJURY IN 1986 WITH WORSENING PAIN THAT HAS BEEN CHRONIC IN NECK AND LEFT SHOULDER; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.;	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	LEFT ANTERIOR SHOULDER PAIN,DECREASED ACTIVE AND PASSIVE ROM.NORMAL X-RAY.R/O ROTATOR CUFF INJURY; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain. left SHOULDER EFFUSION moderate to large, with crepitus and cracking over extremes of flexion and extension. Rotation is painful and range of motion is limited partially due to capsular tendon secondary to the SHOULDER effusion. Pain in left shoulder with; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	MVA about 6 weeks ago, having pain to right elbow, any movement with her right arm causes pain to the right elbow, has used anti inflammatories and has had a cotisone injection, xray to right elbow showed no acute fracture; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2014; There has been treatment or conservative therapy.; Right shoulder- previous mri in 2014 showed full thickness tear (suprastinatus), tear is posterior superior labrum. Left shoulder- pain that is worse when reaching above head or behind back, suspected tear.; Pain medication.	2

Approval	73221 MRI JOINT OF UPPER EXTREMITY	Neg EKG and member has had meds and PT with no relive; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient had abnormal X-rays on shoulder and neck.; This study is being ordered for a neurological disorder.; Enter date of initial onset here - 11/5/16; There has been treatment or conservative therapy.; Describe primary symptoms here - Right arm numbness, pain, tingling, weakness and swelling. Pain with movement, lifting and laying down at night.; Describe treatment / conservative therapy here - Patient has had home physical therapy since 11/5/17 and medications.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	patient had xray which stated that a mri could be consider for further evaluation.; 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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient has pain in left shoulder increasing pain with motion.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	possible separation/subluxation of left side of clavicle/sternum; This study is being ordered for trauma or injury.; 10/18/2016; There has been treatment or conservative therapy.; Left Shoulder pain , possible separation/subluxation of left side clavicle/sternum.; Physical therapy for 6 weeks, he is also a construction worker works with both arms daily, has tried treatment medications not improved	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Pt has cat bite. She received it on the 9th. It is painful, red, swollen, has drainage, fever, weakness, stiffness, and decreased motion. Today its worsening. Concerned for osteomyelitis.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Pt hurt herself on the job about a month ago and has had severe pain since.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	r/o tear; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	rates pain at 8/10.; This study is being ordered for trauma or injury.; 12/25/2016; It is not known if there has been any treatment or conservative therapy.; left arm pain radiating to elbow and hand; parasthesias, weakness	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Recent shoulder injury by lifting a gun safe. Decreased range of motion; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	severe shoulder pain 10/10; aggravated by movement, overhead activity and lifting. painful ROM, tried Ibuprofen with no relief, decreased ROM, abduction restricted, external rotation restricted, extension painful, tender, have a normal X-ray; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	symptoms not improving and worsening with time; This study is being ordered for Inflammatory/ Infectious Disease.; 01/26/2017; There has been treatment or conservative therapy.; neck pain, right shoulder pain and weakness in right hand; x-ray right shoulder showing arthropathy, mobic	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	tendon rupture in the right shoulder; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; It is not known what type of medication the patient received.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; ACUTE PAIN OF RIGHT SHOULDER,RIGHT ARM WEAKNESS,RIGHT UPPER EXTREMITY NUMBNESS,RASIATING PAIN,NUMBNESS,WEAKNESS,DECREASED MOBILITY,SPASMS,TINGLING,RIGHT HAND GRIP DECREASED,ABNORMAL X-RAY,JOINT TENDERNESS	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Approximately 2 wks ago. Right shoulder injury. Pt states a large object fell onto the front of her right shoulder. She says that she felt immediate pain. She had experienced a right rotator cuff tear about 4-5 yrs ago and was seen here at the Ortho Ctr,	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; c/o pain in the left shoulder that seems to be getting worse as time goes on. It will often swell with certain types of exercise and is severely painful with certain types of motion. I noticed that the joint will click and pop from time to time.. Imagin	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; decreased range of motion, pain	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; DEGENERATIVE DISEASE PALSIFIC COLITIS OF THE LEFT SHOULDER	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Enter answer here - or Type In UnknownJohnny W Woodall is a 42 y.o. male who sustained a right shoulder injury 8 week(s) ago. Mechanism of injury: repetitive motion with upper extremities and lifting self up on handles. Immediate symptoms: immediate pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Evaluating for a right rotator cuff tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Evaluating for a right shoulder rotator cuff tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; evaluating for right rotator cuff tear	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pain in right shoulder, tingling and no grip in right hand, muscle wasting in hand and forearm, decreased strength in right shoulder	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PATIENT COMPLAINING OF RIGHT SHOULDER PAIN DR SUSPECTS ROTATOR CUFF TEAR	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; patient fell 1/30/17 pain is worsening in arm, elbow, and shoulder, patient was given tramadol and toradol	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; patient fell 2 1/2 weeks ago and has had continued pain in left shoulder. MUSCULOSKELETAL: normal gait; grossly normal tone and muscle strength; range of motion: pain with left shoulder extension, abduction, internal rotation, and external rotation; no l	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PATIENT IS A CANCER PATIENT - SHE IS STARTING TO HAVE SEVERE PAIN IN LEFT SHOUDLER THAT IS SHOOTING DOWN HER ARM - HAS HAD NO INJURY - CAN NOT SLEEP DUE TO PAIN. THE PAIN RUNS THRU HER BACK AND IS SHARP STABBING PAIN. DR IS SUSPECTING A POSSIBLE ROTATOR C	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; physical therapy, muscle relaxers, decreased range of motion	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt had a injury to the left shoulder on 3/17/17, has decrease ROM, moderate to severe pain on movement, unable to lift his arm past 90 degrees, suspect rotator cuff injury and also has a old injury to the same shoulder from 1980s that causes chronic pain	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt had fall x 1 month ago from ladder with initial injury. Pt had round of steroids (21days) and Mobic rx'd. No improvement so pt had xray--normal. Pt cont to c/o increased pain and limited range of mother, inability to sleep at night and get comfortable	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PT has hurt his shoulder 6 weeks ago. He has been doing therapy. He is having decreased range of motion noted in: left shoulder extension; pain with range of motion in: left shoulder; pt cannot raise her arm above his head. the Dr. is very suspicious of	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt suffers with shoulder injury in November, pain, limited ROM, decreased strength of shoulder.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt was in a MVA 5 days ago in which she was ejected from the vehicle. Moderate limitation in ROM Noted on FLexion of R Shoulder, Severe limitation Extension Right Shoulder, Severe limitation in abduction right shoulder, Severe limitation in adduction rig	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PTS SHOULDER POPPED A FEW WEEKS AGO WHILE USING A POWER HAMMER. BRUISE SHOWED UP A FEW DAYS LATER. PAIN AND SWELLING WITH MILD BRUISING AT RIGHT BICEP. RIGHT AC TENDERNESS. POSITIVE EMPTY CAN AND NEERS TEST.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; R/O rotator cuff tear	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; r/o tendinitis	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; rotator cuff syndrome	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; see the info provided already	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; suspected acromial fracture. Patient fell at home about a week ago(02/21/2017). Patient fell on left shoulder	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Suspicious tear, decreased range of motion, chronic right shoulder pain, recent injury, radicular pain from shoulder to arm.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; UNKNOWN	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; injury	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient here today reffered by the ED with left shoulder injury. Patient states 2 weeks ago she had all her teeth pulled, and thought she would be able to go right back to work. Well, she did, passed out, and fell directly on her left side. She noticed as	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; right shoulder pain. Patient states this has been hurting now for about 3 years. Patient denies having a "new" injury, but 3 years ago he did fall about 15 feet, and landed on that right shoulder. Patient also detailed cars for 32 years, so the wear, and	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Shoulder pain,Disorder of rotator cuff, Non-displaced fracture of the left proximal humerus greater tuberosity from a fall 8 weeks ago. Fracture appears in good alignment on radiographs but she continues to struggle with pain, poor ROM, and has a very sti	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; X-RAYS WERE NORMAL BUT HAVING PERSISTANT PAIN	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	16
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	6
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	207
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; < Enter answer here - or Type In Unknown If No Info Given. >; The patient is NOT experiencing joint locking or instability.; It is not known if the patient has a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; pain with shoulder motion but not documented as "severe pain"; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	5
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Chronic pain R/o rotator cuff tear	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Limited ROM. weight loss,	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; one week of right shoulder pain. she was placing things into heavy bin when the lid came down and hit her right upper arm just above the elbow. she tried to jerk the right shoulder back in anticipation. went to the clinic the next day at pinnacle. had xra	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; PAIN IS WORSE WHEN TRYING TO PICK ANYTHING UP...CAUSING HIM TO DROP IT....FINDINGS ON XRAY OF HUMERAL HEAD PNEUDOLESION	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient is here today with injury from a fall, her right shoulder is dislocated and she is unable to raise or extend her right arm hardly at all. She is going to be referred to Orthopedics for further treatment.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient presents for establishment and with right shoulder pain . Reports being seen @ ST Bernards ER # Days ago with fall hit side of hot tub and possible dislocation.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; patient with decreased strength in right shoulder with neurological deficits.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt having reoccurrences of pain and has popping sensation in right shoulder with certain movements.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; right shoulder pain. limited rom with popping	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; She complains of right shoulder pain. The location of the pain is generalized. IT RADIATES TO HER HAND. The pain initially started 3 weeks ago. There was no obvious precipitating injury. She describes it as severe, intermittent, and throbbing. Nothi	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Shoulder Pain (C/O right shoulder pain. Reports 11 years ago had a dirt bike accident and has had problems with the shoulder since)	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; SHOULDER PAIN--NOT ANY BETTER--NOT SLEEPING AT NIGHT DUE TO THE PAIN--SOMETIMES SHE HAS A SHARP PAIN SHOOT DOWN RIGHT ARM, FEELS LIKE A PINCHED NERVE. Recheck of Shoulder problem. Symptoms include shoulder pain and decreased range of motion. Symptoms are	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; UNKNOWN	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Unknown.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	14
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	5
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	10
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; & Enter answer here - or Type In Unknown If No Info Given. &	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; Patient had a sports injury of her right shoulder. It pops in and out of joint and hurts to move. No relief.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; Pt has decreased ROM and radiculopathy.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; 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 patient has had recent plain films of the shoulder.; The plain films were normal.; It shoulder pain, worse with movement, worse with overhead activities, anterior posterior, radiates down to the arm. tingling/numbness intermittent, to forearm rant of motion limited secondary to pain.; The patient has not had a recent CT of the shoulder.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The patient has not had a recent bone scan.; The patient has not had a recent ultrasound of the shoulder.; The results of the plain films is not known.; There are documented physical or laboratory findings of a joint infection.; The patient has not had a recent CT of the shoulder.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The plain films were not normal.	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	19
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The request is for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The plain films were normal.; The patient is experiencing joint locking or instability.; The patient is experiencing joint locking or instability.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	6
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	5

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	5
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	5
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; patient has had trimdol 50 mgs and ketorolac injections; The patient received medication other than joint injections(s) or oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 2 months ago; There has not been any treatment or conservative therapy.; left and right shoulder pain, worse on left side, X rays shows degenerative changes and possible rotator cuff tears bilaterally	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11.08.2016; There has been treatment or conservative therapy.; shoulder pain interfering with daily activities; patient had been on NSAIDs, narcotics and PT, none of these are helping him	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is being ordered for trauma or injury.; 12/2016; There has not been any treatment or conservative therapy.; headaches, left shoulder pain, blurred vision in the left eye, nose bleeds, decreased hearing, loss of appetite	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is being ordered for trauma or injury.; 12/23/2016; There has been treatment or conservative therapy.; right elbow pain, right arm weakness and pain.; Ice and heat, Biofreeze, over-the-counter medications, Prescription. Limit the use of arm and pain is worsening	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is being ordered for trauma or injury.; 6 weeks ago, 1/2/17; There has been treatment or conservative therapy.; 27 broken bones in back and foot, swelling, bruising, decrease ROM and redness; medication therapy, xrays	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	WILL FAX NOTES; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	will fax; This study is being ordered for Inflammatory/ Infectious Disease.; or least since June 2016 but worsening; There has been treatment or conservative therapy.; low back pain radiating down legs; L shoulder pain; tenderness; joint pain; weakness; gait difficulties; meds muscle relaxer; Mobic anti-inflammatory; pain meds;	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	x ray of shoulder and hip in office on 1/18/17; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years; There has been treatment or conservative therapy.; Pain in joints; pain meds X-ray shows mild degeneration; The requested study is a Shoulder MRI.; The study is for infection or inflammation.; It is not known if there are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; It is not known if the study is requested for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	2
Approval	73700 CT LEG OR LOWER EXTREMITY		1
Approval	73700 CT LEG OR LOWER EXTREMITY	completed FOOT - 3+ VIEW Performed By Results Details Radiographs of the foot reveal no evidence of fracture, dislocation, or destructive lesion. The alignment of the bones and the joint spaces are well maintained. No abnormal soft tissue calcifi; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.	1

Approval	73700 CT LEG OR LOWER EXTREMITY	<p>EXTREMITIES: approx quarter sized hard/bony abnormality noted to top of bilateral feet. slightly tender to touch. nodule to top of right foot slightly discolored with bluish tint. sensation intact. distal pulses 2+. cap refill brisk. skin warm, dry. . &#x0D; &#x0D;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/10/2017 was the initial visit but problem has been ongoing for patient for years.; There has not been any treatment or conservative therapy.; Also has nodule to top of bilateral feet. was told by Jason it was fatty cyst. has had them for years however the nodule to the right foot is now causing increasing pain and seems to be getting larger. Also having pain to arch of feet that is worse in am</p> <p>in house x-ray shows cystic changes, focal demineralization of distal fibula, pt has pain and swelling in left foot and ankle; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.</p>	2
Approval	73700 CT LEG OR LOWER EXTREMITY	<p>This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.</p> <p>This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT</p>	1
Approval	73700 CT LEG OR LOWER EXTREMITY	<p>This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</p> <p>This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</p>	3
Approval	73700 CT LEG OR LOWER EXTREMITY	<p>This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</p>	1
Approval	73700 CT LEG OR LOWER EXTREMITY	<p>This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</p>	2

Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2

Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	4
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	2
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1

Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	3
Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1
Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	10
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, patient has not completed and failed a course of conservative treatment.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	7
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 3/20/17; There has been treatment or conservative therapy.; swelling cant walk tender pain; medication 03/29/17	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/19/2017; There has been treatment or conservative therapy.; Pain, popping, soreness, and sharp pain, limited ROM; Medications	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/18/2017; There has not been any treatment or conservative therapy.; Pain in the neck, back, and ankle, leg swelling	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/03/2016; There has been treatment or conservative therapy.; Pain, swelling and bruising.; Pt received SHE program, and NSAIDs	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury.; HPI: 58 y.o. female presents with ankle and foot pain that started 3 days ago. The day prior she was playing tennis but doesn't recall an injury. Pain has worsened until she is unable to walk on it. She has been trying ice and elevation with some benefit.; There has not been any treatment or conservative therapy.; pain, bruising, swelling	2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	3 views of the left knee. Joint spacing is very slightly narrowed with soft tissue shadowing suggesting medial compartment hemarthrosis, patella is well seated in the distal femoral patellar groove very slight medial deviation, tibiofibular articulation ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; After at home exercises to try and re-strengthen the left knee, the pain still progressively got worse.; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Abnormal phy exam, abnormal x-ray, mem did 6 weeks on C.C. insaids, rest, ice, heat.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Concern for ligament tear. Not much swelling, but painful. Been using a brace. Hurts worse when moving on it. Does ok with rest. Feels like knee is going to give out.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	conservative therapy not helping; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Continued knee pain after fall; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Enter answer here - or Type In UnknowER Follow Up knee/ankle injury; patient reports that the injury occurred about 36 hours ago. Reports she was seen in the ER early this morning. States that they did do Xrays and states that they were negative..  HP; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Enter answer here - or Type INew symptom(s):  HE WAS STANDING WELDING 3 DAYS AGO AND STEPPED BACKWARD AND FELT HIS POSTERIOR LEFT KNEE POP LOUDLY AND WAS UNABLE TO SUPPORT WEIGHT ON IT OR EXTEND IT STRAIGHT AFTERWARD. ER VISIT FOR NORMAL XRAYS WA; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	FAX; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee and hip pain,for several years aggravated by exercise and better with rest  has seen orthopedic, has had injections,  nsaid, steroids,; This study is being ordered for Inflammatory/ Infectious Disease.; 06/10/2014, initial visit for left knee pain, pt fell going down stairs and tore ligaments, has had medication therapy and seen orthopedic specialist  now has arthritis in joins of left side; There has been treatment or conservative therapy.; knee and hip pain, grating pain, worse on arising; Injections 2014 medications 2014-2017 exercise, range of motion	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee swelling, e66.9; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	LEG PAIN AND ADEMA ON THE RIGHT SIDE; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had recent plain films of the knee.; There are no physical findings (palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; Suspicious Mass or Suspected Tumor/ Metastasis	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PAIN AND SWELLING IN RIGHT KNEE SINCE NOV 2016; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The results of the plain films is not known.; There are no documented physical or laboratory findings of a joint infection.; Known or Suspected Joint Infection	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pain is more at rest in right knee than left knee.; This study is being ordered for Inflammatory/ Infectious Disease.; knee pain 1/2017; There has not been any treatment or conservative therapy.; both knee pain	2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient fell and injured knee on 1/31/17. He has pain and swelling.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient has left knee internal derangement; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient has tried tramadol for pain and injection, steroids and has not help.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient is in a lot of pain and can barely walk. Patient had an x-ray done it showed normal, but the patient still can't walk due to knee pain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient presents on 3/21/17 as a new patient to our clinic complaining of constant left knee pain for 15 years with occasional swelling and occasional locking up. On physical exam there was tenderness and moderately reduced range of motion in the left knee; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient with a 3 week history of pain and swelling following recent fall. Unable to bear weight and continues to be painful and swollen despite conservative therapy of rest, ice, compression and elevation as well as medications including moxib, diclofenac; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient with left knee pain, recent fall and history of osteoarthritis. Patient has been using brace, NSAIDs, using ice and resting without relief for two weeks.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt. has a lot of swelling in the knee and is wheelchair bound, unable to straighten, decreased ROM; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Rt ankle pain for 3 months; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	see attached; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	5
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	13
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	16
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.</p> <p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</p>	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.</p>	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.</p>	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</p>	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Instability</p>	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; palpable mass, patient fell 1/2017 and mass on back of patient knee; Suspicious Mass or Suspected Tumor/ Metastasis	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	30
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	15
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	12
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	12
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	24
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	5
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	30
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	12
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; No, the member do not experience a painful popping, snapping, or giving away of the knee.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	13
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	6

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	17
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	47
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	28
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	14
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	28
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There are documented physical or laboratory findings of a joint infection.; Post-operative Evaluation	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Limited range of motion	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Swelling greater than 3 days	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	14
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	8
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	7
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; <Additional Clinical Information>; Suspicious Mass or Suspected Tumor/ Metastasis	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; She has a suspected mass; Suspicious Mass or Suspected Tumor/ Metastasis	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	9
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	3

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	5
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	8
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The plain films were not normal.; &Additional Clinical Information>; Known or Suspected Joint Infection	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The plain films were not normal.; joint effusion; Known or Suspected Joint Infection	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	17
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	13
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	17
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	8
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	4

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	UNKNOWN; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This study is being ordered for a neurological disorder.; 09/19/2016; There has been treatment or conservative therapy.; pain; swelling;; meds-napercin	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This study is being ordered for trauma or injury.; 6 weeks ago, 1/2/17; There has been treatment or conservative therapy.; 27 broken bones in back and foot, swelling, bruising, decrease ROM and redness; medication therapy, xrays	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Will fax clinical information; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	XR Bilateral knees 6/17/17   Bilateral tricompartmental osteoarthritis, severe involving the patellofemoral compartments. Bilateral osteochondral body(s) present  Impression per Dr John S Dennis, Radiologist.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Per clinical note in chart, chronic bilateral knee pain for several years.; There has been treatment or conservative therapy.; Bilateral knee pain, left knee is worse. Reports chronic bending makes it worse, reports that injections do not last long.; She is getting injections over the past few years. PT ongoing.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/13/2016; There has been treatment or conservative therapy.; hip pain, lumbar pain, numbness, tingling in legs, walks with a limp; medication, physical therapy, injection s	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/2016; There has been treatment or conservative therapy.; low back pains. new onset hip pains.; rest, heat, medication	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	3 mm lesion seen on in-house xray of the left hip.; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	DETERMINING IF PAIN COMING FROM LUMBAR SPINE OR RIGHT HIP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/16/2016; There has been treatment or conservative therapy.; JOINT PAIN, RIGHT HIP AND RIGHT LEG PAIN; MEDICATIONS	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Ms. Manning presents with low back pain. Reason for visit: Pain. The discomfort is most prominent in the mid lumbar spine. This radiates to the hips. She is unable to describe the discomfort. The pain level between 1 and 10 is a 4. This is a chronic; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; pain; joint injection, pain medication and muscle relaxer	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	N/A; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; PAIN, NUMBNESS, AND TINGLING.; HOME EXERCISES, MEDICATIONS, AND X-RAYS	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The hip pain is due to a mass.; The request is for hip pain.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	3
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	8
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	5
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	2

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	3
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1

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

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

Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion. 2

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	3

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

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	8
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	UNKOWN; This study is being ordered for Inflammatory/ Infectious Disease.; 2 YEARS AGO?; There has been treatment or conservative therapy.; LUMBAR PAIN RUQ PAIN R HIP PAIN PELVIC PAIN; HOME EXERCISES ANTI-INFLAMMATORY MEDICATIONS PAIN MEDICINE	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	x ray of shoulder and hip in office on 1/18/17; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years; There has been treatment or conservative therapy.; Pain in joints; pain meds	1
Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	; Is this a request for one of the following? MR Angiogram lower extremity	1
Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	R/O claudication.; Is this a request for one of the following? MR Angiogram lower extremity	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	7
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Don't know; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	5
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 01/22/2017; There has not been any treatment or conservative therapy.; Patient was in MVA on 01/22/2017 pt experiencing low back pain,inner thigh soreness,neck pain,abdominal pain and head ache since mva. Pt has not eaten and has c/o nausea/vomiting	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	ABD Pain,; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abdominal pain and distention; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	abdominal pain. Symptoms include abdominal pain, nausea, vomiting and diarrhea. The pain is located in the right upper quadrant and right lower quadrant. The patient describes the pain as sharp. Onset was sudden 3 week(s) ago. The symptoms occur frequent; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abnormal findings on diagnostic imaging of liver and biliary tract, US IMPRESSION: Abnormal liver echotexture either from steatosis or cirrhosis. Recommend CT for further assessment, there are 2 hypochoic lesions, one is most likely an area of focal; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abnormal Liver Function Test and Abnormal Abdominal Ultrasound; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	ABNORMAL PIPIDA SCAN THAT SHOWED POSSIBLE LIVER ISSUES.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	appendix; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Chronic Nausea pt is not able to hold anything down; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	cirrrosis of the liver for follow up nodular liver and with atropy on left lobe; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Enter answer here - or Type In Unknown unknownIf No Info Given.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	EPIGASTRIC PAIN, TENDER IN THE AREA, NO MASSES, NAUSEA; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	For possible epigastric hernia, inguinal hernia, or scar tissue; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Gastric surgery as newborn. Developed knot at incision site, possible hernia; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	INNUMBERABLE LESIONS IN LIVER ON MRI SPINE.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Limited Abdominal Ultrasound; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	mbr had auto accident and HX hernia repair seatbelt gave major pain. R/O abdomen wall defect; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	moderate pain in entire abdomen to light palpation. 1.5 in mass in left upper quadrant that is severely tender; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	NAUSEA AND VOMITING. BACK AND ABDOMINAL PAIN. PAIN IN LEFT UPPER QUADRANT. PT HAS ENLARGED LIVER. VERY FATIGUED. PAIN ATLEAST TWO WEEKS; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient did not have an Ultrasound.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	nausea, right upper quadrant pain,; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient had blood work done on 2/9/17 and her liver functions were elevated, patient returned a week later to get levels rechecked and her levels went up some more.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient had CT T-spine and it showed multiple cystic liver abnormalities. Needing Ct to further evaluate this.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient has been recently hospitalized. Discharge diagnosis of left sided abdominal mass vs tail of pancreas vs paracolic abscess vs pancreatic pseudocyst. We are requesting this follow-up CT be performed so that we can get patient in with correct special; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient has Mass Right upper abdomen tender to touch; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient in office today with severe stomach pain. Patient had an EGD showing Gastritis in August 2016. Had a Chest CT on 12/1/2016 with findings of a cyst.; This is a request for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient is having abdominal pain and diarrhea for three weeks.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient is having abdominal pain. Trying to rule out if patient has a hernia.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient is too large for abdominal ultrasound.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient presents with c/o constant abdominal pain over the past couple of weeks, worsening over the past week now rated a 9/10; reports it is to epigastric/mid abdominal area. Patient was seen by a provider a few days ago; reports he has had some nausea a; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient with persistent vomiting, nausea and diarrhea in patient with significantly elevated LFTs and HX of alcohol abuse.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Per the US of the abdomen- echotexture of the liver is abnormal either from cirrhosis or stratosis. CT would be helpful.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt has been having abdominal pain for 1 month, had abnormal Abdominal Ultrasound that showed Single focal Hypoechoic area within the liver, needs CT fro further investigation, also pt's Liver Function on Labwork is Elevated.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	pt is having bilateral Flank pain which radiates to RUQ. Dr is looking at her Kidneys and other organs that could be causing pain.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	PT IS HAVING PAIN AND BLOATING WITH EVERYTHING SHE EATS AND DRINKS. IS USING OTC MEDS THAT ARE NOT HELPING. SHE HAS LOTS OF BLOATING EVEN DRINKING WATER CAUSES HEARTBURN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	r/o hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	R/O hernia; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	right upper quadrant pain; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	3
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.	2

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT	3
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	4
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is newly diagnosed.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	16
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.	2

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	4
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by an Ultrasound.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Ulcerative Colitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	4

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	14
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	6
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	5
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	of unexplained abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	3

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	THIS PATIENT HAS HAD A RECENT EGD DONE AND IT HAS SHOWED SHE HAS A LARGE MASS ON THE OUTSIDE OF HER ESOPHAGUS. THIS NEEDS TO BE FURTHER EVALUATED, SO THESE TEST ARE NECESSARY; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Umbilical nodule.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	UNKNOWN; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	UNKNOWN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	3
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS	This is a request for CT Angiography of the Abdomen and Pelvis.	6
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	8
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	7
Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/5/17; There has been treatment or conservative therapy.; abdomen/pelvis, tenderness, fatigue, neck- swelling,; ultra sounds done	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/13/2017; There has been treatment or conservative therapy.; abdominal pain for 4 days, fatigue, shortness of breath with exertion , excruciating epigastric pain; GI cocktail , morphine and Proventil	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has not been any treatment or conservative therapy.; abdominal pain, right flank pain, short of breath	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; abdomen pain and chest pain.; none ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test. ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; The abdominal pain started January 3 and has not let up. Patient was put on Cipro for diverticulitis, has tried Zofran, promethazine, and Metamucil. But he continues to complain of abdominal pain. ; Patient may have an abscess forming or unresolved divert; There has been treatment or conservative therapy.; LLQ pain, a constant burning pain.; ; Low back pain that radiates to both legs.; Patient was given Cipro for diverticulitis and he has been on Zofran, promethazine and Metamucil. But he is still having the abdominal pain. We suspect abscess formation or nonresolving diverticulitis.; ; Patient was given exercises to do at home for his	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	2 weeks ago noticed tearing, sharp, stabbing pain and pressure in pelvis. About a week later, noticed a twinge - now this pain is worsening - especially with a full bladder and needing to have a bowel movement. Says she has a full feeling in pelvis. Mild ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	2. abdominal pain  The problem is improving. The location is epigastric. The patient reports radiation to the back. The quality of the pain is achy and sharp. Associated symptoms include heartburn. Additional information: He is following up after star; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abdominal pain, dysuria.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abnormal weight loss greater than 20%. Sending her G I Doctor and wants to have test done at MDO first.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	abnormal weight loss, Unintentional weight loss; weight down 20# in 6 months; had had diarrhea several months ago; now with have to go the bathroom with loose stools after eating, up to 4 large stools a day; and will have urgency; history of gastric bypas; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	acute abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Acute Pancreatitis suspected. Lipase is 218. Recommended CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Back pain Blood in urine; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	blood in urine; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	BLOOD IN URINE; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed. Change in bowel habits, ABD MASS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	chest pain, and abdominal pain, now bowel movement in 2 weeks; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Cyst of kidney; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	DIAGNOSED WITH STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Diverticulosis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	He has a history of prostate cancer. Patient is diabetic, long time smoker; This study is being ordered 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.; Dysphagia, sore throat, feels like lump in his throat	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	history of kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	hx of obstruction of bowel so will get CT to further visualize since having such severe pain with guarding still; Xray just shows stool burden; ; ; ABD: has some bloating diffuse right now that has some guarding to his epigastric region as well, distant B; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Mass around C section area; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	moderate RLQ and suprapubic pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	More than three months of abdominal pain. KUB and ultrasound has been performed; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Ms. DELANEY presents with a diagnosis of flank pain since last night, feels like previous stones,. This was diagnosed yesterday. The course has been episodic. It is of moderate intensity. pain has migrated to front; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Need to r/o Nephroliathiasis vs. Hernia; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	No info Given; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	None.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	None.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>ON PHYSICAL EXAM- 3 CM DEFORMITY/HERNIATION OFF ABD WALL JUST ANT TO MID AXILLARY LINE ON LEFT JUST ABOVE LEVEL OF UMBILICUS. POOR VISUALIZATION ON KUB MARKED STOOL AND DEMARCATION ALONG FASCIAL PLANES RIGHT LOWER; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Ongoing abd pain past 3 1/2 weeks, not improving.&#x0D; &#x0D; Has been treated twice after 10/2016 with abx for diverticulitis. Continues to have near constant LLQP not a/w melena, BRBPR, diarrhea or constipation. BM are irregular and not painful.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT</p> <p>Palpation - tenderness, Guarding. Abdominal tenderness - RLQ, LLQ.&#x0D; Inspection - Normal. Auscultation - Normal. No rebound.&#x0D; Description&#x0D; Right lower quadrant abdominal pain.&#x0D; Abdominal pain concerning for appendicitis. Plan to evaluate further with labs ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient has a history of colon cancer and currently has 3 month+ adenopathy which has not resolved with antibiotic treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p> <p>patient has abdominal pain with knots in her stomach. feels like her bladder is going to fall out of her; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>patient has abdominal pain with knots in her stomach. feels like her bladder is going to fall out of her; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</p>	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has been treated in the past for irregular blood cells.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approx 7-1-16; There has been treatment or conservative therapy.; abnormal weight loss greater than 30 pounds, prostate cancer and abdominal pain; medication	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has history of abnormal mammogram demonstrating lymphadenopathy right axilla and patient has history of carcinoma of the kidney. Patient presents for diagnostic mammogram and the impression is right axillary adenopathy which is nonspecific but wi; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has renal cancer. Right kidney has been removed due to this diagnosis, but his left kidney was found to have a mass on it. This exam is to follow up and make sure that the mass isn't growing and causing more problems.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has RUQ pain and needs further evaluation for bowel or gallbladder problems.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has sudden onset of abdominal pain associated with nausea and vomiting; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	PATIENT HAS WEIGHT LOSS, ELEVATED LIVER ENZYMES. PATIENT ALSO HAD AN ABDOMINAL US DONE 09/28/2016 WHICH SHOWED A MODERATE DIFFUSE INCREASED ECHOGENICITY OF THE LIVER LIKELY REPRESENTING FATTY INFILTRATION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient is has had UTI's in the past and Microscopic Hematuria and multiple occasions. Continues to have pain and Blood in urine.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/6/16 for the Flank and Abdominal pain. On 3/9/17 an X-ray was done and a pulmonary nodule was seen.; There has been treatment or conservative therapy.; Pain in flank, lower abdominal pain.; Patient was given Antibiotics for an infection, and referred to a Urologist. No treatment has been given for the Pulmonary nodule.</p> <p>Patient is having abdominal pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient is having dizziness, nausea, vomiting, right lower quadrant pain, and flank pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient is having right flank pain , abnormal ua , blood in urine, pain medications not helping; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient is here with complaints of bladder pain that started Sunday 2/19, and an urge to urinate along radiating pain down her legs into her feet. When she urinates she is not urinating a lot. She says it hurts to start urination and end urination. She; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</p>	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient to be evaluated for generalized abdominal pain. This is located primarily in the left lower quadrant. There is some radiation to the left lower quadrant. It began 1 week ago. The onset of pain occurred with no apparent trigger. He characteriz; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient unable to undergo MRI due to cardiac pacemaker.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Greater than 6 months.; There has not been any treatment or conservative therapy.; She has pain all over. Her worst Pain is in her epigastric region. Pain is intermittent. Aggravated with eating or drinking no matter what it is happens immediately. She also has some burning in the mid back as well. Sometimes the pain in the epigas	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient with peristant LUQ abdominal pain. negative GI workup. Gastroenterologist requesting CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	positive for midline reducible epigastric hernia, fullness to right side of abdomen. non tender. liver edge 2-3 inches below costal margin. dullness to percussion of the right upper quadrant. no fluid wave to auscultation.suspected hepatic enlargement. cb; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Prior approved CT scan by different MDO not completed. Pt. still having abd. pain, vomiting and weight loss.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt had gall bladder removal in November and there were complications with surgeries after Pt fall where sutures were ripped; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt had ultrasound on 10/14/16 that showed fatty liver, w/possible right renal calculus.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT HAS AN ACCIDENT WORKING AT HOME. WAS PULLING A CALF FROM A COW AND FELT A POP IN GROIN.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has ongoing central abdominal pain for 6 months. She has had abd/pelvic ultrasound and EGD by GI. Labwork has been normal.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt has kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has LLQ tenderness on palpation. Questionable Mass that comes and goes. Abdominal Ultrasound negative.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has non-Hodgkins lymphoma, stage 1; now having abnormal weight loss; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has umbilical hernia; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT ORIGINALLY CAME TO CLINIC COMPLAINING OF ABD PAIN, LLQ PAIN, AND DIARRHEA. ATTEMPTED TO GET A ABD/PELVIS CT ON 1/23 BUT INSURANCE REQUESTED ULTRASOUND. ABDOMINAL ULTRASOUND COMPLETED & ULTRASOUND WAS ABNORMAL. REQUESTED FURTHER TESTING & CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT Pt states her pain is in RLQ and feels exactly like her pain from previous hernia that required repair.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT. HAD INCREASED WHITE BLOOD CELLS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt. is in pain, side and back, possible kidney stones; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt. nausea/vomiting due to the pain, positive tenderness on both sides of ABD mainly on the L, does have a large trace of blood in her urine.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	r/o cyst or tumor, diverticulitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	R/O:APPENDICITIS PALPATION-GUARDING-RLQ PAIN,NAUSEA X 2 DAYS WORSENING; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	right lower quad pain. grimacing and tenderness with palpation to RLQ.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	RLP pain off and on since Thursday 2-9-17, worsening every day. No injury. tenderness with palpitation. Pain over large area and now to right lower quadrant.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	rt and left abd pain getting worse discharge from nipple bloating pelvic pain; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	rt. side abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	rule out appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Seen in the ER and was told to follow up with the PCP; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Suspected Kidney Stones - Normal; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	SUSPECTED KIDNEY/URET STONES; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Swollen lymph nodes right axilla and pain in LUQ with know liver mass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Swollen lymph nodes right axilla and pain in LUQ with know liver mass. Alkaline phosphatase elevation, swelling of lymph node.; It is not known if there has been any treatment or conservative therapy.; Swollen lymph nodes right axilla and pain in LUQ with know liver mass	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	tender feeling in left lower quadrant area; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT This is a recurrent problem. The onset quality is gradual. The problem has been waxing and waning. The pain is located in the epigastric region. The pain is at a severity of 4/10. The pain is mild. The quality of the pain is aching. Pain radiation: to the; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	3

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	9
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	9

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	54
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; Abdominal pain right lower quadrant, off an on for 1 month, now its a constant pain that radiates to the groin.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Patient is having LLQ pain for past 2 weeks and known hx of prostate cancer.; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; It is not known if this request is for follow up for abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Trauma; &Enter Additional Clinical Information&gt;; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.</p>	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</p>	3

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Ultrasound found enlarged Lymph Node 1.1x 0.5 in right groin area, may indicate infection.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	9
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was perfromred more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was perfromred more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is NOT requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; The pre-op evaluation is not for planned or possible ventral hernia repair ordered by a surgeon.; The pre-op evaluation is not for a known tumor excision.; The pre-op evaluation is for a known abdominal infection.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	42
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	196
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	8
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	48
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other; Yes this is a request for a Diagnostic CT	3

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	9
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Abscess.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	7

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Ulcerative Colitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; ; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; 45 year old male has completed a round of Levofloxacin but continues to have constant, sharp abdominal pain with bloating, nausea, and frequent diarrhea.; Yes this is a request for a Diagnostic CT	1

Approval 74176 CT ABD & PELVIS W/O CONTRAST This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Enter Additional Clinical InfMs. Hall comes in to see me because of abdominal pain. She has been having some abdominal pain for two or more weeks. She says the first thing she did was throw up and then she started having some cramping lower abdominal pain; Yes this is a request for a Diagnostic CT 1

Approval 74176 CT ABD & PELVIS W/O CONTRAST This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; ion of Symptoms: Start: 02/24/2017   Physical Exam Findings: Onset: 4 Days. The problem is severe. The problem has worsened. The symptoms are constant. The location is diffuse. The quality of the pain is sharp, stabbing and throbbing. The patient deny; Yes this is a request for a Diagnostic CT 1

Approval 74176 CT ABD & PELVIS W/O CONTRAST This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; moderate abd pain that is tender to palpation; Yes this is a request for a Diagnostic CT 1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; PATIENT HAS BEEN HAVING EPISODES OF CONSTAPATION AND DIARRHEA FOR THE PAST 1 1/2 WEEKS. HAS BEEN SEEN TWICE FOR THIS SINCE STARTED WITH NO IMPROVEMENT.</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; RLQ pain r/o appendicitis; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Urinalysis shows no pyuria however she does have evidence of hematuria which is microscopic. Patient is had an KUB which is unremarkable. The patient has known diverticulosis from colonoscopy.; We have discussed at length the possibilities here. There is ; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other;</p>	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	31
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	9
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abd pain ventral hernia; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain across bottom of stomach for about a month. patient tender upon exam. r/o diverticulitis	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain muscle aches left side pain has been increasing KUB normal	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain RUQ w/Obstipation  X-ray shows significant ant of stool on colon  ABD are very TTP w/rebound in RUQ slightly Full normal BS; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain since December	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain, chills, nausea, vomiting, black tarry stools, normal colonoscopy	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain, hx of diverticulitis, on going for 1 week	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain, nausea, vomiting, frequent diarrhea,excess gas; diarrhea; vomiting; dry heaves; heartburn; fatigue; weight gain, Duration present for 1-6 months (began initially approx 1 1/2 months ago.); intermittent, but can occur for 2 to 3 days at a ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain, x 1 wekk, moderate to severe pain groin ultrasound look like, small lymph nodes in L groin area, still having pain, R/O hernia; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal Pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal ultra sound done on patient, which came out negative. study requested to exam right ovarian cyst and left abdominal pain.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal Ultrasound showed Fatty Liver Disease, but could not rule out cirrhosis due to patients size couldn't get clear enough read; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; bloating abdominal pain chronic nausea vomiting; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; CBC is normal; UA is normal; KUB shows constipation, no air fluid levels noted; proceeding with CT due to severity of pain and duration pain has been present	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; complained of abdominal pain for 4 months , elevated liver enzymes	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Complains of pelvic pain and pressure since her hysterectomy. Did have US which was normal. Note shows CT if continued symptoms but she did not return to see gynecologist or contact  She has been trying to exercise and has gained weight-painful to walk a; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; COMPLICATIONS FROM A C-SECTION; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; discomfort across the upper quadrants when he eats,diarrhea. His stool for C. difficile and stool culture were negative. His EGD is pending. Seems to begin in the epigastric area and radiates around around to the right upper quadrant to his back.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ELEVATED WHITE CELL COUNT, ABDOMINAL PAIN AND BLOODY STOOL; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; evaluated in office has left lower lobe pneumonia, abdomen pain, bloating and controlled diabetes.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; fever since march 20 2017 abd pain gas pockets thinking partial bowel obstruction; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Having abdominal and pelvic pain for years; which has gotten worse in the last 6mos.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; He is having painless jaundice with some weightloss. He has had liver functions that have been 10 times sometimes 20 times higher than normal. We are trying to rule out pancreatic cancer.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; He presents with a 3 to four-week history of diarrhea, abdominal discomfort and bloating. He is feverish today. He has an elevated white count today. Had no previous abdominal surgeries. He denies nausea vomiting with this. He has some tenderness to ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Hernia	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Hernia; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Hx of diverticulitis; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; hx of left mechrectomy kidney and bladder surgery march 6 2014 right lower pain since surgery 2 months secondaty to nutcracker syndrome pain worse taken oxycodone and ibuprofen right lower quadrant tenderness positive heel tap reproducing pain in rig; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; left lower quadrant pain, nausea, vomiting, possible kidney stone; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Left lower quadrant pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; neg gall bladder; ruq pain;; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain,	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient c/o RLQ pain with bloating, nausea and vomiting. Described as "achy and sharp" off/on for 1 year. Patient does not respond to medications.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient had a surgery in 2015 and recently has felt a bulge in the incisional area when she coughs. It is painful in that area. Ultrasound was performed and was inconclusive.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient had abdominal pain.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient had previous CT that showed adrenal nodules that need further evaluation	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has abdomen distention. Patient has had previous colonoscopy with no medical findings. Needing CT for further evaluation of area.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has abdominal pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has been having unexplained abdomen pain for 1 month now. Patient has tried changing her eating habits with no relief. She is have several bowel movements a day which are very thin in texture. She is having cramping abdomen pain that that radiates; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has dysuria and abdominal pain. Patient states she believes she has passed a kidney stone.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has had abdominal pain, swelling & bloating for about 3 years now. It's getting worse; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has had recent ER visit with normal ultrasound and X-ray, but is still having severe right upper and lower quadrant pain with unknown etiology; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has nausea, abdominal pain, diarrhea.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has non alcoholic cirrhosis. access for HCC.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has sever abdominal pain with increased constipation and weight loss; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PATIENT IS HAVING AB PAIN AND NAUSIA AND PELVIC PAIN, ULTRASOUND WAS DONE WITH NO FINDINGS.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PATIENT IS HAVING ABD PIAN AND VENTRAL HERNIA; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PATIENT PRESENTS TO CLINIC WITH EPIGASTRIC PAIN. ABDOMINAL ULTRA SOUND WAS NORMAL.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient presents with nausea and constipation for 3 days. Patient wheelchair bound. Patient has low grade fever. Has abdominal x-ray done which showed and ileus and possible bowel obstruction.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient with persistent abdominal pain and diarrhea for 8 months. Patient has Celiac's disease. And, family history of father with pancreatic cancer.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pelvic pain and tenderness on pelvic exam, unable to visualize ovaries on PELVIC us, RADIOLOGIST SUGGESTED ct OF abd/PELVIS WITH CONTRAST; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pelvis and abdominal pain,; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Positive for abdominal pain (epigastric; RUQ; LUQ; had improved over weekend after several BM) and nausea (worse with eating).; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has been having R upper quadrant pain for 3 weeks. Pt has ABD distension on exam. Elevated ESR and platlets on lab work. Symptoms suspicious of Gall bladder disease.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt has c/o abdominal pain and bloody stools intermittently for 3 years. Pain has gotten worse w change in bowel movements.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt has come to clinic for worsening abdominal pain,w history of bilateral hernia repair, Dr looking for hernia tear or abdominal mass causing worsening pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has pain, tender to the touch, white blood cells are elevated, decrease appetite, diarrhea, been on antibiotics for a week w/ no improvement.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt suffers with left lower quad pain; for 3 weeks.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt. is having abdominal pain that is unexplained. pt has tenderness to upper right and epigastric pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Right lower abd pain	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; right upper quad pain greater than a month; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; rule out diverticulitis; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ruling out diverticulitis, blood in stool and upper left quadrant pain.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; RUQ since 1/14/17 that is severe and "stabbing" and no relief.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; see attached; Long history of abdominal pain; known gallsludge; tenderness throughout; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Severe Right lower quadrant Abdominal pain, with blood in the stools; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; shes had vaginal u/s that was normal, but she has L pelvic pain prior to periods, and its still there-  pain on/off x 1 year, only on L side.  chiropractor told her its due to scoliosis, but doesnt think thats it.  chiro xrayed- in collierville.  abd ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Suspected Umbilical Hernia.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; The pt ahs abdominal tenderness . fever, diahrhea	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; THIS EXAM IS BEING DONE FOR POSSIBLE HERNIA.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ULTRASOUND SHOWED A FATTY LIVER	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Unknown	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; upper abdominal pain, unable to lay flat & sleep. HX: of umbilical hernias, removed with mesh repair.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	76
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	287
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	6
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	21
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	7
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; <Enter Additional clinical information >; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; r/o inguinal hernia; scrotal swelling and testicular pain; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; spleen surgery on 1/20/17, patient having continued pain, palpable swelling noted on physical exam; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; palpated on abd mass on exam; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	11
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	9
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; PT HAD MRI L-SPINE 1/23/17 THAT SHOWED AN INCIDENTAL FINDING: GROWING OVOID T@ HYPERDENSE LESION LOCATED BETWEEN THE INTRARENAL ABD AORTA AND THE ADJACENT IVC. THIS COULD REFLECT RETROPERITONEAL ADENOPATHY AND CT ABD/PEL RECOMMENDED FOR FURTHER EVAL.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; LUQ AND LCVAT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; physician found a peri-umbilical mass on exam. no imaging has been done.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; ; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; history of bladder and prostate cancer	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; palpable mass seen in ER for epigastric pain pain started several weeks ago elevated function study; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	6
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	8
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This would not be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	7

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are physical findings or lab results indicating an intra-abdominal bleed.; Trauma; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Trauma; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	ULTRA showed renal mass with vascular flow; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Ultra was abnormal; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	ULTRASOUND DONE ON 12/13/16 RT REANL CYST SEEN, HEMATURIA NOTED.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Ultrasound shows enlarged spleen.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/2016; There has not been any treatment or conservative therapy.; significant weight loss, abnormal chest x-ray, chronic cough	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; He has been having problems at least a year.; There has been treatment or conservative therapy.; abnormal weight loss, chronic cough, nicotine dependence, type 2 diabetic, COPD,; inhalers and being referred to GI physician	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; This study is being ordered for trauma or injury.; 2/2017; There has not been any treatment or conservative therapy.; headaches, dizziness, joint pain, back and arm, tremors, swelling in abdomen, weakness, on 3/4 episode of stop breathing, vomiting, weight loss	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Weight loss, 20 over last 6 months, ER told her she needed bone marrow test, nausea, diarrhea, anemia and low white blood cells; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Approval	74181 MRI ABDOMEN	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Approval	74181 MRI ABDOMEN	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has been treatment or conservative therapy.; N/V; abn ct	1
Approval	74181 MRI ABDOMEN	12/29 Abdomen & pelv ct showed 2.2 cm lesion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/27/16; There has not been any treatment or conservative therapy.; none	1

Approval	74181 MRI ABDOMEN	Already had 2 lesions on the liver; u/s showed the size has changed; new liver on the kidney; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Abnormal ultrasound done on 1/23/2017; There has not been any treatment or conservative therapy.; Lesions seen on u/s HEPATIC LESION, NAUSEA, VOMITING, RT GROIN PAIN, WEIGHT LOSS, PELVIC PAIN, RLQ ABDOMINAL PAIN,; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Approval	74181 MRI ABDOMEN	HPI Comments: Patient is here today with concerns that a recent CT of the abdomen/Pelvis did show that she had a 1 mm lesion on her pancreas and they recommend that she get an MRI.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74181 MRI ABDOMEN	Pt had abdominal ultrasound; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/25/2016; There has been treatment or conservative therapy.; Pt has had CT and vaginal ultrasound; medication: Bactrim DS/Metroall, Pt has been to office several time and also referred a GYN doctor.	1
Approval	74181 MRI ABDOMEN	R/O cancer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2016; There has not been any treatment or conservative therapy.; Abnormal CT scan of abdomen and pelvis with hematuria	1
Approval	74181 MRI ABDOMEN	Renal mass protocol. Left renal mass measuring 1.9 cm concerning for a solid mass. Recommend further evaluation with renal mass protocol. Differential considerations include renal cell carcinoma and possibly other complicated renal cystic lesions per C; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for follow-up trauma.; The ordering physician is a gastroenterologist or surgeon.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for hematuria.; "The patient has had an abdominal ultrasound, CT, or MR study."; The hematuria is not painful.;	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has painful hematuria.; It is unknown if the patient has had an IVP (intravenous pyelogram).; abnormal CT, with complex Cysts	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist.;" "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.;"	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist.;" It is not known if there are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.; It is not known if there are active of clinical findings of Crohn 's disease, ulcerative colitis, bowel inflammation or diverticulitis.; "There is not radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.;"	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is not a surgeon.; There are plain film or ultrasound evidence of vascular abnormality.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is not a surgeon.; There are plain film or ultrasound evidence of vascular abnormality.; pt had CT that showed what could be vascular phenomenon. need MRI for further look.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon.;" patient is presenting with a liver lesion found on mri l-spine	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; Mass found on ct 01/18/2017	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; PT CAME IN WITH ADOMINAL PAIN. WE DID A CT ON THE PT. CT SHOWED A 2CM LESION ON THE RIGHT LOWER LOBE OF THE LIVER. THERE IS A POSSIBLE LESION ON THE LEFT BUT MRI FOCUSING ON THE LIVER WAS RECOMMENDED.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; unknown	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Jaundice	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Patient has had an abdominal ultrasound, CT of abdomen/pelvis with and without contrast, HIDA scan, and EGD for diagnostic testing that have so far been inconclusive. MRI is needed for further evaluation related to continued pain that has been going on fo	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	4
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	2
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 1. Multiple hyperechoic hepatic masses, likely hemangiomas.  Contrastd abdominal MRI recommended for further evaluation.	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 2.6 centimeter lesion in the inferior right hepatic lobe	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Abd and Pelv ct recommended Abdomen MRI for further evaluation.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ABNORMAL CT ABD/PEL SHOWS LESION IN PANCREAS AREA	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Abnormal CT scan requires further imaging	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Alpha Fetoprotein tumor marker is elevated at 6.4 ng/ml She had an abnormal CT and ultrasound showing a lesion and recommending an MRI of the abdomen for further investigation.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; CT showed a 1.5 cm enhancing lesion lower right hepatic lobe. Cavernous hemanigioma favored. Recommended MRI with hemangioma protocol.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Focal area of enhancement near the dome of the right hemidiaphragm in the right lobe of the liver. A lesion cannot be excluded and you may wish to consider MRI of the abdomen with and without contrast and dynamic technique.	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Liver mass	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ORGAN ANOMOLIES NOTED WITH INCREASING ABD/PELVIS PAIN. HEMATURIA AND MASS PRESENT.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had a abnormal ct scan that showed left renal mass, and parapelvic renal cyst	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; patient has an adrenal gland nodule.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; PT HAD A MRI 07/26/2016 @ BAPTIST LR RADIOLOGIST RECOMMENDED F/U MRI IN 6MTHS FOR THE 1.9CM RETROPERITONEAL MASS TO SEE IF THERE IS CHANGE THATS WHY WE ARE TRYING TO GET A MRI ABD DONE	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Pt had ultrasound , reflected multiple benign appearing hepatic cysts. rule out METS	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Pt has Ct of Abdomen/Pelvis w/o contrast and it showed a spot on the liver 3.6CM on left Radiologist suggest a Liver MRI .	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Pt has enlarged, violation of the pancreatic duct	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; pt recently had abd CT and it did not show what we were looking for. Trying to r/u abd soft tissue mass. MRI would provide best picture	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; radiologist recommended MRI for further look more views of the lesions found measuring 2.5cm	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ultrasound suggest hepatic mass protocol for liver mass. US showed liver mass; Interval development of hyperechoic regions within the right lobe; of the liver which are nonspecific and could represent focal fat; hemangiomas. Further evaluation with MR	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; unknown	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; lesion found on Chest CT, radiologist recommends Abdomen MRI	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Lesion on liver	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; pt had CT chest that showed liver masses. needs MRI to get closer look.	1
Approval	74181 MRI ABDOMEN	unknown; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1
Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This is a request for a MR Angiogram of the abdomen.	5
Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	1
Approval	75572 CT Heart	This is a request for a Heart CT.	1
Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; 1. Chest Pain  2. hypertension  3. mvp  No known history of CAD. Stress echo 10/26/16 revealed EF 60-65%, grade I/IV diastolic dysfunction, and low risk for ischemia. History of fibromyalgia and vitamin d deficiency. Reports chest pressure onset 3 m; Yes, there is Chronic Chest Pain.	1
Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	11
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Breast mass; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1

Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Had a Mammogram and needs MRI to check on nodule; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	MAMMOGRAM AND ULTRASOUND PERFORMED ON 12.28.2016.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Pt had a mammogram and was normal but she has been having bloody discharge and MDO is requesting the MRI.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	the patient has a recently enlarged, tender mass in the right breast.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; It is not know if there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1

Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	5
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	3
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	6
Approval	77078 CT bone mineral density study, 1 or more sites; axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	3
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-16-2017; There has not been any treatment or conservative therapy.; chest pain on l side of chest goes to her neck last for a couple of mins moderate to severe and pt has numbness and tingling	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>ABNORMAL ECG WITH PREMATURE SUPRAVENTRICULAR COMPLEXES. ANTEROSEPTAL INFART; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p> <p>c/o episode of chest pain yesterday that has since resolved. pain described as substernal pressure at mid chest without radiation. a/w sweats and sob. no n/v or palpitations. episode occurred at rest and resolved after about 20 minutes. no known exacerbati; 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</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>chest pain and has hypertension , palpitation; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p> <p>Chest pain, unspecified; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>H/O myocardial infarction; &#x0D; hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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 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.</p>	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	htn; chest congestion that's improvement; precordial pain; helicobacteria; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	normal EKG; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if the patient has had a previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Palpitations and chest pressure for past several weeks. EKG, ECHO, HOLTER MONITOR were all normal. Needs further investigation; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient complains of Chest Pains; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient having chest pain on exertion; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PATIENT PRESENTS TO CLINIC W C/O CHEST PAIN. PATIENT ALSO HAS COPD. PATIENT WAS SENT FOR STRESS ECHO @ MERCY HOSPITAL BUT WAS UNABLE TO COMPLETE DUE TO LUNG COMPLICATIONS. PCP STILL NEEDING NUC MED STRESS TEST COMPLETED FOR CONTINUATION OF CARE.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient was in office 2/16/17 and has had left upper chest pain for the past two weeks. 1-10 pain scale member rates 8.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt was not able to exercise long enough to give accurate findings.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Sudden onset Severe Chest Pressure, sob, and dyspnea on exertion.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	6
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient is less than 45 years old.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.	5

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for a post myocardial infarction evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had a nuclear cardiology study since having an MI.	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The study is being ordered for suspected CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient has congestive heart failure.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	19
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	3

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	3
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	3
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1

Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	3
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Breast Cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; It is unknown if this is for an evaluation of axillary lymph nodes.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.	1

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	PREVIOUS HISTORY OF STROKE; This study is being ordered for a neurological disorder.; 02/23/2017; There has not been any treatment or conservative therapy.; RIGHT SIDED WEAKNESS	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	3
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	2

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

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	5
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	6

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	4
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	6
Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUIS I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.	1
Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/15/2017; There has been treatment or conservative therapy.; chest pains tightness, fam hx of heart attack; lisinopril	1

Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1
Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	14
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	59 year old female presents with shortness of breath. History of asthma, COPD-oxygen dependent, former smoker (quit 04/2016), passive smoke exposure. tobacco-years of use:46/1ppd.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	15

Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	10
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The patient has not quit smoking.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The patient quit smoking less than 15 years ago.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Unknown; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Approval	S8037 mrcp	abd pain x2wks; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1

Approval	S8037 mrcp		RUQ PAIN IN ABDOMEN WITH NAUSEA, NO VOMITING, US 1/19/17 SHOWS COMMON BILE DUCT MEASURING 7.4 MM. IF SYMPTOMS PERSIST THEY SUGGESTED THE MRCP FOR FURTHER EVALUATION. PT STILL HAVING SYMPTOMS 1/30/17; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
			This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	2
Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	2
Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	2
Disapproval	70450 CT BRAIN, HEAD	Radiology Services		1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. > Evaluation of a Headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	3

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	4
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	5
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; MRI scanning is not locally available to the patient is the reason an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	2

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; There is another reason why an MRI is not being considered; Not clinically necessity for an MRI	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medications	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknkown; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Unknown	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2 to 3 years for back pain and 8 years for a head injury; There has been treatment or conservative therapy.; mbr has pain in back and neck pain numbness and tingling and head injury was an auto accident in 2008 and has lumps in his head that were never dealt with; medication	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3/20/2017; There has not been any treatment or conservative therapy.; neck pain, dizziness, blurred vision in the right eye	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	5
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	5

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; There is another reason why an MRI is not being considered;	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Infection or Inflammation; It is unknown why an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	2
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; There is another reason why an MRI is not being considered;	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; DIZZINESS BLURRED VISION TINGLING BILATERAL FEET; It is not known if there has been any treatment or conservative therapy.; FATIGUE PARESTHESIA BILATERAL FEET BLURRED VISION VERTIGO DIZZINESS SOB LIGHT HEADED	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; unknown; It is not known if there has been any treatment or conservative therapy.; memory loss, neck pain and headaches	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	12 YO PT WITH NEW ONSET MIGRAINE HEADACHES.; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Altered mental status, confusion, memory loss; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Blurred vision and headache; further evaluation; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Bruising behind left ear. Neck popped. Possible Battle Sign; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Chronic headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	chronic headaches, not daily. takes excedrin migraine to help sx. , feels sx related to old MVA, no routine meds other than daily vitamin/supplement, . HPI: Current Medication:  Taking Daily Vitamin - Tablet 1 tablet Orally Once a day; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Chronic Headaches; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Chronic migraine headaches worsening in severity, frequency and duration.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Complains of migraines and memory loss. Unilateral head pain that makes him nauseous. Photo sensitivity.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	dizziness and vision changes; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	ENURESIS, MEMORY LOSS; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/Cognitive Impairment; Severe Claustrophobia is the reason an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	evaluating for seizure. patient has never had them.; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	FOR PHYSICAL EXAM FOR FIGHT RELEASE; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	having frequent migranes with nausea, lights make headache worse; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	having muscle weakness in his whole body. Neck pain. Ruling out a hematoma from the head injury.. Has a neck spur.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Having visual disturbance and failed medication treatment.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	He is also concerned due to having a second episode in which he was talking out of his head and was very confused for about 35 to 40 minutes, his wife is wanting him to see psychiatry, but at this point I feel that it is best to get a ct of the head.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; There is another reason why an MRI is not being considered; He is also concerned due to having a second episode in which he was talking out of his head and was very confused for about 35 to 40 minutes,	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	He reports that he had 2 seizures recently within the last 3 weeks. First episode he stood up and got lightheaded with "head rush" and lost consciousness. The events where not witnessed and he suspects he was out for 10-15 seconds. There was a period afte; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headache 3x per week. sharp quick pain, meds do help but headache seems constant; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	headache with hx of carotid stenosis and now having vision issues. seeing floaters and green spots; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headache; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headaches for 2 years now. CT is required to refer to a neurologist. Vomiting and nausea sensitive to light and noise 3 headaches per week or more Patient thinks it due to neck pain; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	issues with memory loss and constant headache left posterior cervical she hurts all over all the time; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	last few months the pt has had shingles twice The pt saw the eye doctor a year ago her last shingles was last month. Her vision is fine they did an eye check she had the shingles next to her eye. She has used the Vicodin for headaches and stuff like that.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	memory loss, motor vehicle rollover in 2000; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	nausea, breast pain, increased soreness in breast; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Neck pain noted. The location of discomfort is posterior. It radiates to the intrascapular area, left shoulder, and left arm. The pain is characterized as severe. Initial onset was several years ago. He has had neck pain for years and years and has ; This study is being ordered for trauma or injury.; two weeks ago 03/20/2017; There has been treatment or conservative therapy.; Neck pain noted. The location of discomfort is posterior. It radiates to the intrascapular area, left shoulder, and left arm. The pain is characterized as severe. Initial onset was several years ago. He has had neck pain for years and years and has ; pain medication, heat/ice packs.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	New onset of headache with visual disturbance, severe nausea; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	None.; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Ongoing headache for a month not relieved with any medication.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient also with seizures with postictal fatigue; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has a 4 cm indurated nodule to forehead, superior to bridge of nose. Nodule is increasing in size.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient has been in a coma 3 different times, and patient does not know why. falls. loses balance.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; It is unknown why an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient has new onset of migraine with aura. Vision changes and can not tolerate light.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has vertigo, visual disturbance, impaired balance, dizziness; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; MRI scanning is not locally available to the patient is the reason an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient having blurred vision, fainting, and dizziness; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; It is unknown why an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is a seventeen year old male with recurrent acute/chronic headaches/migraines; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is having constant headaches; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is having the headaches daily; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient present today with complaint of headache and neck pain. he says that it hurts to turn his neck. he says that it has been going on for 2 weeks. he says it moves around sometimes it is on the other side of his head. comes and goes. Currently it is o; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PATIENT WAS SEEN ON 02/08/2017 WITH A 2 WEEK H/O OF THROBBING HEADACHE PAIN. SAYS HE HAS TO GET IN BED AND BLOCK OUT THE LIGHT. HAS BEEN TAKING OTC ADVIL WITH NO RELIEVE. WE GAVE HIM A TORADOL SHOT AND ZOMIG NASAL TREATMENT TO HELP WITH MIGRAINE WHICH PAT; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient works in a lot of saw dust.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt c/o of headache, dizziness, and blurred vision and it has not improved; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/13/2017; There has been treatment or conservative therapy.; headache,dizziness,blurred vision; pt was hospitalized	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has a suspicious mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has been c/o headaches unrelieved by OTC pain medications. Has also had issue with extreme mood shifts with disturbance of emotions and conduct; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt has cognitive communication deficit; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has headaches with hxo head bleed, fell earlier in month; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt with dizziness since mid November and now has daily headaches with nausea; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	see scanned information; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic; There has been treatment or conservative therapy.; Chronic Headaches; Gabapentin, Celebrex, Diclofenac with no improvement	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	she states she has had a few episodes of weakness over the last 2 months. She states when this occurs, both her arms become weak and are limp along with some chest tightness over the last 2 months. She states this has happened 4 times.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	started experiencing increases seizures; fall down; becomes confused afterwards; injury from falling;; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	suspected aneurysm; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Takes fioricet for moderate to sever migraine headaches. Does have aura. Takes medication infrequently  Headache  This is a chronic problem. The current episode started more than 1 year ago. The problem occurs monthly. The problem has been unchanged. T; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	TENSION HEADACHE; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	tried OTC and prescriptions, unsuccessful at relieving headaches; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; unknow; It is not known if there has been any treatment or conservative therapy.; headaches, confusion, low back pain	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; There is another reason why an MRI is not being considered; PT JUST HAD STENT	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for a neurological disorder.; 2 TO 3 MONTHS AGO; There has not been any treatment or conservative therapy.; TREMORS, RANDOM HAND SHAKING, OFF BALANCE	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	x rays were performed. motor vehicle accident in 09/2016; This study is being ordered for trauma or injury.; 09/2016; There has been treatment or conservative therapy.; left sided neck pain, some memory loss, sharp pain in head; nsaid, and physical therapy	1
Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	ENT stated no problem with ears; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/16/2016; There has not been any treatment or conservative therapy.; Headache, Fatigue, Weight Loss, Ear Pain	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1

Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2013; There has been treatment or conservative therapy.; pain to palpitations to the c spine, decreased range of motion to the c spine. x ray showed reversal of the normal cervical lordosis; physical therapy, home exercise, steroid injections	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknkown; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Unknown	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1

Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic allergic rhinitis/sinusitis. Patient had negative allergy test; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC CONGESTION EARS AND SINUS, CHRONIC HEADACHES, FATIGUE; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	congestion , headache; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	continues to have Chronic sinusitis without successful antibiotic treatment.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate mastoid; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1

Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	medications are not helping patient; This study is being ordered for a neurological disorder.; chronic headaches 11/1/2016; chronic low back pain 11/26/2014; There has been treatment or conservative therapy.; frontal HA's ; lbp with radiculopathy; anitbiotics and pain meds for chronic headaches ; medrol dose pak, naproxsyn, pain meds for lbp	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	NONE; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had a recurrent fever of 103 Degrees F for the past 3 days with inconclusive laboratory testing. Only associated symptoms of headache, sinus pressure and pain; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had this for more than 10 days; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt c/o of headache, dizziness, and blurred vision and it has not improved; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/13/2017; There has been treatment or conservative therapy.; headache,dizziness,blurred vision; pt was hospitalized	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	TMJ; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for a neurological disorder.; 2 TO 3 MONTHS AGO; There has not been any treatment or conservative therapy.; TREMORS, RANDOM HAND SHAKING, OFF BALANCE	1

Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	wanting to check if there is any inflammation; This study is being ordered for Inflammatory/ Infectious Disease.; 01/12/2017; There has been treatment or conservative therapy.; rash on inter lip and chronic pansinusitis and candial cheilitis.; antibiotics	2
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has a suspicious mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown	1
Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; January 31 2017; There has not been any treatment or conservative therapy.; localized swelling mass and lump in the neck, pain is chronic	2
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	dix hallpike without nystagmus but dizziness for 3-5 seconds. repeated and same result without nystagmus but dizziness prolonged. romberg wnl. EOMi. can ambulate without assist. RAMs intact. .; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/04/2017; There has not been any treatment or conservative therapy.; Patient c/o dizziness since Wednesday and she called Friday and we called her in some Meclizine. The dizziness is still there and now her (R) ear is bothering her. SHe states this is worse than the dizziness she had in August.	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	neck pain; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Pain was unresponsive to prednisone or insets.; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Patient had abnormal X-rays on shoulder and neck.; This study is being ordered for a neurological disorder.; Enter date of initial onset here - 11/5/16; There has been treatment or conservative therapy.; Describe primary symptoms here - Right arm numbness, pain, tingling, weakness and swelling. Pain with movement, lifting and laying down at night.; Describe treatment / conservative therapy here - Patient has had home physical therapy since 11/5/17 and medications.	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	patient is having neck pain that is radiating down her arm. She had surgery about 5 years ago.; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Vision problems , redness, & eye pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 12/27/16; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Seeing an eye doctor.	1

Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	weakness (generalized weakness to each upper ext especially when twists in certain way, and generalized weakness to both lower ext when on feet excessively) and headache (generalized), low back pain, neck pain with certain movment, tenderness paraspinal l; This study is being ordered for a neurological disorder.; January 13, 2017; There has been treatment or conservative therapy.; low back pain, Headache, weakness (generalized weakness to each upper ext especially when twists in certain way, and generalized weakness to both lower ext when on feet excessively) and headache (generalized); Suggested OTC meds and continued PT/chiropractic care and recommendations from them ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	concerned with poor circulation of the blood flow to brain and hallucinations. history of heart failure and mental illness.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 to 3 mths ago; There has been treatment or conservative therapy.; double vision; Patient has seen has therapy	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Patient had a Brain CT in 01/2015; This study is being ordered for trauma or injury.; Unknown; There has not been any treatment or conservative therapy.; Headache, blurred vision	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	patient has a history of chronic migraines; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Patient has never had an imaging on this issues. She had jaw surgery 2 years ago. patient has had these headaches for 3 years.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has frequent migraines; There has been treatment or conservative therapy.; headaches that turn to migraines every 2 days.; patient uses ibuprofen and has tried fioret	1

Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	PT HAD A SPELL OF SYNCOPE ON 1/13/17. INCREASED HEADACHES IN THE LAST FEW WEEKS. SIBLING DIED OF CEREBRAL ANEURYSM.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT FAINTED 1/13/17. PT HAD HAD INCREASE FREQUENCY IN HEADACHES. HEADACHE IS POSTERIOR OCCIPITAL SIBLING DIED OF CEREBRAL ANEURYSM.; It is not known if there has been any treatment or conservative therapy.; HEADACHE; FAMILY HISTORY OF ANEURYSM	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	The Chief Complaint is: Numbness in right hands and fingers, had a cut when a child on that hand and was told nerve was cut, ; Woke up yesterday and neck was stiff, and couldn't lift head. ; Stabbing pain to right wrist, numbness to right side of lips, r; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/15/2017; There has not been any treatment or conservative therapy.; BUE WEAKNESS, NUMBNESS IN RIGHT HAND AND ARM, C/O NUMBNESS/COLDNESS TO RIGHT SIDE OF NECK.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	unkwn; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unkwn; There has not been any treatment or conservative therapy.; unkwn	1
Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	; This is a request for a Neck MR Angiography.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1

Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1
Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	Neck Present- Neck Pain (POSTERIOR NECK WILL POP AFTERWARDS GETS DIZZY EVERYTHING GOES BLACK THEN COMES BACK NO LOSS OF BOWEL OR BLADDER NO PAIN ASSOC WITH NECK JUST TURNS HER HEAD FEELS THE POP THEN EVERYTHING GOES BLACK FOR A SECOND OR 2 HAS BEEN OCCURR; This study is being ordered for a neurological disorder.; 1 year ago; There has not been any treatment or conservative therapy.; NECK WILL MAKE POPPING SOUND AND SHE WILL BECOME DIZZY--NAUSEATED-BLURRED VISION--AND AT TIMES WILL BLACK OUT--HAS BEEN OFF AND ON FOR ABOUT A YEAR/ Happens daily	1
Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has not had an abnormal ultrasound of the neck.	1
Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	3
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	5
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; COLLAPSING	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	2
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Enter date of initial onset here - 12-7-16; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here disorder of trigeminal nerve, facial pain/headaches	2
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	3.13.17 The Chief Complaint is: X1wk ago-knot in the neck and had MRI done. missed the first hours of work-was unable to turn her head. also says her (R) heel hurts like she's stepping on a nail. c/o being dizzy-'severe' vertigo. c/o vision is blurry. thi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approximately 3.6.17; It is not known if there has been any treatment or conservative therapy.; neck pain, dizziness, paresthesias, blurred vision	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	cbc was normal no ua or electrolytes done. patient is falling asleep while driving.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	confusion hx of anemia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing dizziness.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ct was negative, recommend MRI. Her symptoms are worsening.; This study is being ordered for a neurological disorder.; 12/03/2016; There has been treatment or conservative therapy.; headache, blurred vision, pain in left arm, dizziness, right side facial numbness; Pt was in ER given medication for migraine. She had ct which came back negative. She is having cont. symptoms.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Dizziness Complaints of visual changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ENT stated no problem with ears; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/16/2016; There has not been any treatment or conservative therapy.; Headache, Fatigue, Weight Loss, Ear Pain	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	female presents with a Chief Complaint of Headache (had pain in head on right side); Arm pain (left arm and hand pain Right sided head sharp pain 4 days ago. Lasted a few minutes. Following pain, head was sore to touch for a few days. Also noticed left ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	H/a's becoming more frequent; daily; tried migraine meds with no improvement; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	he symptoms began 3 years ago and generally lasts varies. The symptoms are reported as being moderate. The symptoms occur randomly. The location is head. Aggravating factors include nothing. Relieving factors include nothing. She states the symptoms are c; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Headache and pt has had abnormal xray of the head.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Headache and some memory loss noted.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	headache; bilateral, similar to previous headaches; moderate severity; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Headaches worsening over the past 6 months - 1 year. Significantly worse now than ever.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Last MRI in 07/2014-f/u for brain tumor.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LOSS OF TASTE , HISTORY OF PANIC ATTACK; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a loss of smell.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI hip: Pt complains of constant left hip pain radiating to left knee for 1-6 months. Pt has tried meloxicam and OTC ibuprofen and tylenol with no relief.   MRI brain: Pt had pituitary adenoma surgically removed and has not had imaging in over 1 year.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 to 3 mths ago; There has been treatment or conservative therapy.; double vision; Patient has seen has therapy neurologist said neuro imaging of brain trying to r/o additional underlying pathology. pt has early onset dementia, need to r/o other issues before they start treatment.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain going to legs and buttocks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PASSED OUT AFTER GETTING TOO HOT PER PT; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient complaining of migraine/headaches since the beginning of the year. She has tried Imitrex with no relief. We added Inderal LA to her daily medications and that has had little to no effect on the headaches. She takes Fioricet as needed for the migra; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of headache that starts at base of the skull and radiates to the top and center of the head. While having headache he experiences numbness to the left arm. He is having episode 2 to 3 times per week and episodes have a duration of 30 min; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had a Brain CT in 01/2015; This study is being ordered for trauma or injury.; Unknown; There has not been any treatment or conservative therapy.; Headache, blurred vision	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had a Brain MRI without contrast and the radiologist recommends doing a brain MRI with contrast.medial right parietal lobe. memory loss and tremors; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has a history of headaches, but this episode has lasted for longer than 5 days. Headache is associated with light sensitivity and worsens her anxiety. Headache is all over her head. She has tried NSAIDS, oral steroids, Physical therapy, and a tora; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has a worsening tremor that is effecting his ADLs, his NCS study was normal.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having dizziness for 3 weeks along eith headaches, blurred vision, nausea, diminished hearing, she has a history of Traumatic Brain injury at age 7.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been reporting headache, dizziness, unsteadiness on his feet, and cervicalgia since 12/6/2016. Patient continues to have these issues. Patient has had X-Rays which shows degenerative change at C5/C6 and C6/C7 with mild disc space narrowing at ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has been reporting headache, dizziness, unsteadiness on his feet, and cervicalgia since 12/6/2016. Patient continues to have these issues. Patient has had X-Rays which shows degenerative change at C5/C6 and C6/C7 with mild disc space narrowing at ; There has been treatment or conservative therapy.; Headache, Dizziness, Unsteadiness on his feet, Cervicalgia; Patient has had prescription medication and PT.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has chronic migraines and was asked by nia to have a mri of brain instead of mra of brain.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had re occurring headaches for several months, we have tried several medications with no success; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had recurrent dizziness since 12/22/2016; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has memory loss and confusion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has never had an imaging on this issues. She had jaw surgery 2 years ago. patient has had these headaches for 3 years.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has frequent migraines; There has been treatment or conservative therapy.; headaches that turn to migraines every 2 days.; patient uses ibuprofen and has tried fiorcet	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has shooting pains from neck to head, is unable to work due to symptoms. Rule out possible aneurysm and or nerve involvement.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01-09-2017; There has been treatment or conservative therapy.; Severe headache,neck pain, nausea, and light sensitivity.; Unrelieved with Tylenol #3, Norco,and OTC analgesics. Given Decadron injection at clinic and no improvement.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has vertigo; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is experiencing chronic headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient keeps passing out. Weakness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents following ER visit. Patient went to ER for elevated Blood Pressure of 180/106, near stroke symptoms, left arm numbness, and has discoloration of the left little finger.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; It is not known if there are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents today with complaints of dizziness. Symptom started on Jan 3 when patient woke up. Patient states that that morning she developed a sudden onset of dizziness in which she describes as herself spinning, not the room. Symptoms worsened and ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports daily throbbing headache.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient visual change and right sided numbness (leg and arm numbness) been going on for several months; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAD A SPELL OF SYNCOPE ON 1/13/17. INCREASED HEADACHES IN THE LAST FEW WEEKS. SIBLING DIED OF CEREBRAL ANEURYSM.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT FAINTED 1/13/17. PT HAD HAD INCREASE FREQUENCY IN HEADACHES. HEADACHE IS POSTERIOR OCCIPITAL SIBLING DIED OF CEREBRAL ANEURYSM.; It is not known if there has been any treatment or conservative therapy.; HEADACHE; FAMILY HISTORY OF ANEURYSM	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has loss of balance with h/a.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has numbness, tingling. paralysis.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has recent onset of parasthesia w/ a normal bain CT. MRI would likely help to rule out multiple sclerosis.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has tried conservative therapy with no improvement; neurological deflects with abnormal gait, dizziness, nausea; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; x 5 yes 02/15/12 est; There has been treatment or conservative therapy.; severe headaches on both sides; The cervical spine showed tenderness on palpation and showed pain elicited by motion.; The knees showed abnormalities.; The ankles showed abnormalities.; A motor exam demonstrated dysfunction.; Gait and stance were abnorm; pain management 2014; pain specialist 2016; medication therapy	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having forgetfulness and tremor. Cannot keep her head still. Gets lost driving in areas she is very familiar with.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt reports chronic headaches with migraines occurring every 2 weeks.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. has been experiencing migraine HA. She has been experiencing nausea and vomiting with them along with light sensitivity.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt. is experiencing memory loss, visual changed, increased in intensity; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pts pituitary levels are very low and he is experiencing fatigue. Suspect issues with his pituitary gland.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/07/2016; There has been treatment or conservative therapy.; Chronic back pain migraines; Pain medication rx medication	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Recurring headaches that are worsening with severity.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Reoccurring headache; Muscle weakness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Several day history of loss of memory. On several occasions, dizziness causes her to lose balance. Condition is getting worse as time progresses.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	she has had this headache in the frontal area that seems to be recurrent. She has been on trazodone without any significant benefit. I am going to do an MRI of her head to rule out any lesion causing her headache.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Symptoms include dizziness and difficulty ambulating. The dizziness is described as lightheadedness, faintness, a spinning sensation and loss of balance. Onset was 10 day(s) ago. The symptoms occur constantly. The patient describes this as unchanged. Asso; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	syncopal episode. has been treated with meds for migraines; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	test for high risk cancer pt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt blood work Genetic Gene TP53 positive for Li-fraumani 11/22/2016; It is not known if there has been any treatment or conservative therapy.; positive genetic gene TP53 for Li-Fraumani syndrome hereditary cancer syndrome Mother died of lung cancer age 44  MIG HA's w/aura and night sweats	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The Chief Complaint is: Numbness in right hands and fingers, had a cut when a child on that hand and was told nerve was cut,  Woke up yesterday and neck was stiff, and couldn't lift head.  Stabbing pain to right wrist, numbness to right side of lips, r; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/15/2017; There has not been any treatment or conservative therapy.; BUE WEAKNESS, NUMBNESS IN RIGHT HAND AND ARM, C/O NUMBNESS/COLDNESS TO RIGHT SIDE OF NECK.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	the the pt has cervical disc degeneration and the provider is wanting a better look; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	4

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tremors in both hands worse when he focuses on something, tremor chronic, worsening hand fine worse with action worse with stress.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing dizziness.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 09/14/2016; There has been treatment or conservative therapy.; Headaches and neck pain that radiates down arm causing numbness; Patient has taken pain medication.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 6 months; There has been treatment or conservative therapy.; numbness, tenderness, neck and back pain, limited range of motion,; medication, unkwn; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknwn; There has not been any treatment or conservative therapy.; unknwn	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Vision problems , redness, & eye pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 12/27/16; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Seeing an eye doctor.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	5
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	3
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient quit smoking in the past 15 years.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/05/2017; There has not been any treatment or conservative therapy.; swelling and mass in abdomen	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/14/17; There has not been any treatment or conservative therapy.; coughing, symptoms worst at night, left side is tender, Pt felt a pop	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2016; There has been treatment or conservative therapy.; 3 months history of abdominal pain and dyspepsia. The abdominal pain is moderate in severity and is located in the epigastric region and periumbilical region. It is described as having a aching and crampy quality and does not radiate. The patient has not ; carafate, gasx	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/15/2017; There has been treatment or conservative therapy.; chest pains tightness, fam hx of heart attack; lisinopril	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; upper abdomen and lower chest pain	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	checking lungs patient is a smoker; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Fatigue weight loss loss of sleep; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2016; There has not been any treatment or conservative therapy.; Checking liver enzymes	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	follow up on mass seen on previous CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; follow up on mass seen on previous CT scan; There has not been any treatment or conservative therapy.; pulmonary nodule on previous CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Follow up; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	hx breast ca oxygen levels decreasing cough high bp lung nodules ct follow up requested from specialist; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Interventions the patient has tried have not provided any relief. She is to have surgery next Thursday and needs clearance.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CT CHEST NEEDED FOR SURGICAL CLEARANCE. PATIENT WAS EXPERIENCING CHEST PAIN FOR LAST 8 MONTHS; There has not been any treatment or conservative therapy.; pain is in the substernal area and substernal area. symptoms are aggravated by inspiration and position (lifting arm)	2

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	long term tobacco use, smokes 1 pack per day; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	LUNG NODULE AND COPD; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	lung nodule, to monitor size; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	lymphadenopathy; dysphagia; right breast pain. chronic nausea. tried to schedule with hematology but they need further imaging first.; This study is being ordered for Inflammatory/ Infectious Disease.; january 20, 2017; There has been treatment or conservative therapy.; lymphadenopathy; dysphagia; right breast pain. chronic nausea. tried to schedule with hematology but they need further imaging first.; lymphadenopathy; dysphagia; right breast pain. chronic nausea. tried to schedule with hematology but they need further imaging first.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Neck pain noted. The location of discomfort is posterior. It radiates to the intrascapular area, left shoulder, and left arm. The pain is characterized as severe. Initial onset was several years ago. He has had neck pain for years and years and has ; This study is being ordered for trauma or injury.; two weeks ago 03/20/2017; There has been treatment or conservative therapy.; Neck pain noted. The location of discomfort is posterior. It radiates to the intrascapular area, left shoulder, and left arm. The pain is characterized as severe. Initial onset was several years ago. He has had neck pain for years and years and has ; pain medication, heat/ice packs.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	none given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-23-2017; There has not been any treatment or conservative therapy.; Right shoulder pain, cough, back pain	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient had chest xray 1 year ago that show lung nodule. Patient never had follow up CT.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has had consistent chest pain which has worsened since 3/14/2017.; This study is being ordered for Vascular Disease.; 03/14/2017; There has not been any treatment or conservative therapy.; Chest pain, chest pain on breathing, and tightness in chest	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PATIENT HAS WEIGHT LOSS, ELEVATED LIVER ENZYMES. PATIENT ALSO HAD AN ABDOMINAL US DONE 09/28/2016 WHICH SHOWED A MODERATE DIFFUSE INCREASED ECHOGENICITY OF THE LIVER LIKELY REPRESENTING FATTY INFILTRATION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient was found to have a nodule on the left of the chest after x-ray; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Persistent cough; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Previous Chest CT revealed a solitary pulmonary nodule. Comparison necessary to determine if any changes within the last year; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pt complains of chest pain for 2 months that is non cardiac related. Nsaids and rest have not helped; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PT HAS BEEN EVALUATED CARDIAC,ANTIBIOTICS X 2 WEEKS FOR RESP.,SOB,LEFT SIDE PAIN,R/O CHEST MASS,NODULES; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pt has been treated 3 times in the past month, has done steroids and muscle relaxers w/ no improvement. Chest pain goes from chest and around his arm (under his arm, by his right rib), no improvement since beginning of Dec. Had a chest xray but was norma; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	pt has chest wall pain. pt had abnormal chest x-ray.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PT has stated to have a constant cough to nurse even after quitting smoking; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	R/O colon cancer; This study is being ordered for Inflammatory/ Infectious Disease.; 03/20/2017; There has not been any treatment or conservative therapy.; Cough, dyspnea, dizziness, abdominal pain	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	RECOMMENDATIONS given include: Maintain a healthy diet and routine exercise and stop smoking. patient presents with difficulty swallowing and hoarsness that has continued for several months she was hit in the throat violently from an ex boyfriend sh; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	requested to bypass clinicals; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n/a; It is not known if there has been any treatment or conservative therapy.; n/a	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	right axillary mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	rule out plebiscites, chest pain, numbness, x-ray that was non dianogstic; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	severe chest pain and radiating into abdomen, shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	sharp stabbing pain radiates to back; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	small nodule in left lower lung; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	smoker exposure to abecstos high bp; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	SOB; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Solitary pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	test for high risk cancer pt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt blood work Genetic Gene TP53 positive for Li-fraumani 11/22/2016; It is not known if there has been any treatment or conservative therapy.; positive genetic gene TP53 for Li-Fraumani syndrome hereditary cancer syndrome Mother died of lung cancer age 44  MIG HA's w/aura and night sweats	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; < Enter answer here - or Type In Unknown If No Info Given. >; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The caller doesn't know if the ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; EMPHYSEMA, COPD, BULGING DISK, SLEEP APENNA, NOCTURNAL OXYGEN DESATURATION.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has pulmonary nodules, recommended to follow up every 6 mos to monitor changes, high risk for malignancy.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient was seen in local ER on 1/21/17 for pneumonia. Followed up here on 1/24/17 and 2/6/17. On 2/6/17 Reviw of symptoms the doctor noted "left chest pain, soreness w cough, positioning".; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; PT suffers from copd and nicotine dependence.; "The caller doesn't know if the ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; suspected emphysema; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; WITH 3 MONTHS OF TREATMENT WITH ANTIBIOTICS, STEROIDS, UPDRAFTS, THE CLIENT HAS REMAINED SHORT OF BREATH AND WEAK.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	to rule out possible mass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/09/2016; There has been treatment or conservative therapy.; Pain, tenderness, swelling and visible enlargement or mass; patient has been treated with antibiotics, ansaids, and pain medication	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC PERICARDITIS, CHEST DISCOMFORT X 2 WKS, GETTING WORSE,SOB,FEVER,FATIGUE,R/O PERICARDITIS,HYPOTHYROIDISM,ESSENTIAL HYPERTENSION; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Patient had development of ascending aortic aneurysm found on cardiac non contrast ct scan done in November and will be referred to Vascular surgeon; Will need better defining study for measurement of the aneurysm with angiography; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Pt is diagnosed with Pleural Effusion after chest ultrasound. Other conditions need to be ruled out.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1

Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	chest pain ongoing since 1/1/2017; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...;	1
Disapproval	71550 MRI CHEST	Radiology Services	This is a request for a chest MRI.	2
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically		1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 02/20/2017; There has been treatment or conservative therapy.; pain; pain medications, ice, heat, stretching techniques	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medications	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/03/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3/20/2017; There has not been any treatment or conservative therapy.; neck pain, dizziness, blurred vision in the right eye	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; UNKNOWN; There has been treatment or conservative therapy.; NECK PAIN AND BACK PAIN UNRELEIVED; X-RAYS, MEDICATION (ORAL) & PHYSICAL THERAPY	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1

Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; The patient does have neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; unknown; It is not known if there has been any treatment or conservative therapy.; memory loss, neck pain and headaches	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	bruising behind left ear, possible Battle Sign, Possible Mastoid FX; The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	cervical spine is tender; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	cervical strain, there are degenerative changes,; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	CERVICALGIA; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic neck pain causing headaches, worse over time.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1

Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	He has neck pain, says he has a bone spur on the left lateral cervical spine. He says the tramadol is not helping completely, and he has swelling on that side. He gets weakness and parathesias on the left arm. He had been seeing a chiropractor with pa; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Hip pain; fatigue; given steroids; CXR and hip xrays were done; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	I sided neck pain and cramps.  he received trigger point injections back in November and had good relief of his pain and spasms. he does report intermittent numbness and tingling down the R shoulder to the digits. he denies weak grip. Cervical radiculop; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	lymphadenopathy; dysphagia; right breast pain. chronic nausea. tried to schedule with hematology but they need further imaging first.; This study is being ordered for Inflammatory/ Infectious Disease.; january 20, 2017; There has been treatment or conservative therapy.; lymphadenopathy; dysphagia; right breast pain. chronic nausea. tried to schedule with hematology but they need further imaging first.; lymphadenopathy; dysphagia; right breast pain. chronic nausea. tried to schedule with hematology but they need further imaging first.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	MOTOR VEHICLE ACCIDENT / PAIN IN BOTH SHOULDERS AND ELBOW/ PAIN IN NECK MOVES UP INTO NECK CAUSING HEADACHES/ NOT ABLE TO DO MANUAL LABOR/HAS TENDERNESS THROUHT THE CERBIVAL SPINE / HAD X-RAY DONE/ HAD A HEART ATTACK/DEPRESSION NOT ABLE TO WORK / NOT ABLE; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	MVA on 01/06/2017 due to heart attack; had double bypass surgery; It is not known if there are documented findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is not experiencing cervical neck pain not improving despite treatment.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has not been any treatment or conservative therapy.; PAIN AND NUMBNESS RADIATING FROM NECK TO HIS ARMS AND HANDS	1

Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	neck and facial swelling behind the back of the ear no injury known; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	neck, Duration: 1 week, Timing: Constant, Intensity: 10 on a scale of 10, Quality: varies,sharp with movement,constant dull pain, Symptom(s) Began: "After my mixed martial arts class last thursday night", Symptom(s) progressed: gradually worse, Context: m; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had numbness and tingling in her extremities. She has had loss of sensation in her hands.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has severe neck pain, she has tried pain medication which doesn't help, she has tried home exercises which have not helped. It also causes bad migraines.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is being referred to a specialist who is requesting the CT.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is unable to move or bend neck, can't lay down without pain, has had fever, pain is sharp and shooting and goes into the shoulder, she is unable to change position without pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt can not have MRI b/c she has metal in her foot.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years; There has been treatment or conservative therapy.; Pt has neck pain and lumbar pain; steroids and anti inflammatory	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAVING ISSUSE WITH THERE JOINTS AND SLEEPING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2/2015; There has not been any treatment or conservative therapy.; NECK PAIN PT is having Severe Pain in Bilateral Shoulder and her arms. Right Shoulder is Worse than left. Has Tenderness and weakness.. PT is having Severe Pain in her Neck with some Tightness. X-ray of RT shoulder is normal; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt wants to r/o radiculopathy since Pt had a recent fall on that side.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	R/O cord compression; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Symptoms include neck pain, neck stiffness, tenderness and shoulder pain. Symptoms are located in the right posterior neck and right lateral neck. The patient describes the pain as sharp. Onset was immediately after the injury. The patient describes sympt; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	tingling and numbness in face and back of neck.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/11/17; There has been treatment or conservative therapy.; left shoulder pain, mild left arm weakness; patient has been treated by ED with pain medications	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	x rays were performed. motor vehicle accident in 09/2016; This study is being ordered for trauma or injury.; 09/2016; There has been treatment or conservative therapy.; left sided neck pain, some memory loss, sharp pain in head; nsaid, and physical therapy	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	interseccrsal pain pump , battery about to run out; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	MOVEMENTS ARE PAINFUL WITH ABDUCTION WITH EXTERNAL AND INTERNAL ROTATION; This study is being ordered for trauma or injury.; 12/15/2016; There has been treatment or conservative therapy.; PT HAS PAIN IN THE THORACIC SPINE WHICH MAKES MOVEMENTS PAINFUL AND SITTING AND STANDING FOR PERIODS OF TIME VERY DIFFICULT. ALSO NUMBNESS AND TINGLING; PHYSICAL THERAPY HAS BEEN COMPLETED FOR 6 WEEKS PLUS MEDINCINES WITH NO CHANGE	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has not been any treatment or conservative therapy.; PAIN AND NUMBNESS RADIATING FROM NECK TO HIS ARMS AND HANDS	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has solid soft tissue mass to right mid-back paraspinous area.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient unable to undergo MRI due to cardiac pacemaker.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Greater than 6 months.; There has not been any treatment or conservative therapy.; She has pain all over. Her worst Pain is in her epigastric region. Pain is intermittent. Aggravated with eating or drinking no matter what it is happens immediately. She also has some burning in the mid back as well. Sometimes the pain in the epigas	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	patients pain come and goes and severe when hits. had mva over a month ago and pain has not gone away; This study is being ordered for trauma or injury.; 12/2/2016; There has not been any treatment or conservative therapy.; lower and mid back pain for over a month - pain comes and goes	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1

Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	thoracic back pain, very tender on palpation, she's already had xray and taken NSAIDS, steroids, and narcotics with no relief; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/11/17; There has been treatment or conservative therapy.; left shoulder pain, mild left arm weakness; patient has been treated by ED with pain medications	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/03/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; UNKNOWN; There has been treatment or conservative therapy.; NECK PAIN AND BACK PAIN UNRELEIVED; X-RAYS, MEDICATION (ORAL) & PHYSICAL THERAPY	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 01/22/2017; There has not been any treatment or conservative therapy.; Patient was in MVA on 01/22/2017 pt experiencing low back pain,inner thigh soreness,neck pain,abdominal pain and head ache since mva. Pt has not eaten and has c/o nausea/vomiting	1

Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	difficulty urinating; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/13/17; There has not been any treatment or conservative therapy.; tenderness in both lower quadrants, worse when bending, shooting pains in fingers,	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	pain with no relief for several months; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/10/16; There has been treatment or conservative therapy.; low radiating back, bilateral hip ain/ arthralgia -back; physical therapy tramadol patients pain come and goes and severe when hits. had mva over a month ago and pain has not gone away; This study is being ordered for trauma or injury.; 12/2/2016;	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; lower and mid back pain for over a month - pain comes and goes	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Pt can not have MRI b/c she has metal in her foot.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years; There has been treatment or conservative therapy.; Pt has neck pain and lumbar pain; steroids and anti inflammatory	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	pt. slipped and fell. there is tenderness to right knee.; This study is being ordered for trauma or injury.; 1-27-2017; There has been treatment or conservative therapy.; low back pain and right knee pain with difficulty walking; rest and pain medication was given to patient	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Recommended by radiologist for follow up from x ray reports on 01/03/2017; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Having constant pain during therapy and focal pain to touch. Xray adnormal at T-12 and S-1; Continue with Therapy and stretching	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.	1

Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	3
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	2
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT unknoww; This study is being ordered for a neurological disorder.; 10/19/16; There has been treatment or conservative therapy.; Pt has lower back pain radiating down the right leg and pain in both hips; Pt has been having steroid t/x, pain medication, muscle relaxers	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; HANDS NOT BEING ABLE TO GRIP /HOLD; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left arm has weakness to pain. Pain is severe at night; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PT IS HAVING NECK PAIN WEAKNESS NOT ABLE TO LIFE HER ARMS ABOVE HEAD; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 05/2016; There has been treatment or conservative therapy.; weakness (both legs), numbness (off and on in right leg); < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/19/17; There has been treatment or conservative therapy.; numbness in upper extremity and gait changes; pain meds and muscle relaxers	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Low back pain and neck pain; physical therapy and medication therapy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; history of pain lower back, numbness, weakenss	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; low back pain	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Spinal stenosis, degenerative disc disease, osteoarthritis, neck pain	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >01/17/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; Back Pain	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2016; There has been treatment or conservative therapy.; Pt suffers with numbness and tingling in arms and hands.; anti-inflammatory	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/17/2017; There has been treatment or conservative therapy.; Low back and cervical pain, numbness in hands; Medication	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2013; There has been treatment or conservative therapy.; pain to palpitations to the c spine, decreased range of motion to the c spine. x ray showed reversal of the normal cervical lordosis; physical therapy, home exercise, steroid injections	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-16-2016; There has been treatment or conservative therapy.; Pain, stiffness, decrease in range of motion.; Physical therapy, medications	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/09/16; There has been treatment or conservative therapy.; Neck pain radiating to back, shoulders and left arm. Muscle relaxers did not help; PT Muscle relaxers	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/6/16; There has been treatment or conservative therapy.; PAIN; PT AND CHIROPRACTIC CARE AND PAIN MANGEMENT FOR AN INJECTION	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-7-2015; There has been treatment or conservative therapy.; pain; medications and pt	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has not been any treatment or conservative therapy.; weakness numbness pain	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2016; There has been treatment or conservative therapy.; Pain in back, pain with SI joints, radiculopathy; PT	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/16; There has been treatment or conservative therapy.; Lower back pain and neck pain.; Pain Meds and home exercise.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/2017; There has been treatment or conservative therapy.; NECK AND LOW BACK PAIN WITH RADIATION INTO ARM AND NUMBNESS INTO THE HAND RADIATION AND PAIN INTO LEGS; TRAMIDOL/	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ABOUT A YEAR; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PATIENT HAS HAD ORAL MEDICATIONS.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; sonetime in 2011; There has been treatment or conservative therapy.; pain entire back; Pt in the past no dates	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; pt, injections , medications	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 09/30/2016; There has been treatment or conservative therapy.; acute pain in lower spine, moderate narrowing I5 and s1; prednisone and injection of depo mepro1 80mg	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/6 OR 1/7 2017; There has been treatment or conservative therapy.; PATIENT HAS LOWER BACK PAIN, HEARING POPPING NOICES IN NECK, BODY ACHES, TREMBLING & NUMBNESS.; PATIENT HAS HAD OTC MEDS & MDO UNSURE WHAT THE ER HAD DONE.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/24/2016; There has not been any treatment or conservative therapy.; PT HAS TREMERS, PAIN BETWEEN SHOULDERS & NECK.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/19/2014; It is not known if there has been any treatment or conservative therapy.; back pain and migrane headaches	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12-2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication, physical	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2 to 3 years for back pain and 8 years for a head injury; There has been treatment or conservative therapy.; mbr has pain in back and neck pain numbness and tingling and head injury was an auto accident in 2008 and has lumps in his head that were never dealt with; medication	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2014; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pain pills	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Cervical pain with radiculopathy in both upper extremities. Pt has tried conservative therapy for 3 months with no resolution of pain. MRI to evaluate further issues.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DJD C spine w/ pain & Radicular pain RUE and Abnomral Xray Significant spur C5-6 /unable to do PT 2nd to pain and Failed NSAIDS & Narcotics & Neck limited ROM 2nd to pain & M/S very TTP over trapezius on levator on R; also TTP over anterior deltoid; normal; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left arm weakness and parathesia; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; MUSCLE WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NECK PAIN,MUSCLE SPASMS ,HYPOMOBILITY,CERVICAL SUBLAXATION AT C5,C6,C1,CONSTANT 100% DULL,ACHING,TIGHTNESS AND THROBBING DISCOMFORT BACK OF NECK,RIGHT ROTATIONAL MALPOSITION,HYPOLORDOSIS,NARROWED DISC SPACING,ABNORMAL X-RAY,SEES CHIROPRACTOR WEEKLY; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; old inj 15 yrs ago falling out of tree new problems pain numbness down arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right shoulder; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and numbness to bilateral arms upon examination; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient stated the did the stretching and exercises discussed during visits without any improvement;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; No help/change	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Tenderness in cervical spine with radiculopathy pain left side deficiency and fine touch comparing to the right side.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/01/2017; There has been treatment or conservative therapy.; RADICULAR BILATERAL LEG PAIN NECK STIFFNESS AND RADICULOPATHY BURNING; LESI INJECTION, PAIN MEDICATION, PT	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 09/23/2016; There has been treatment or conservative therapy.; Neck pain that radiates into shoulder and arm. Lower back with pressure and radiates into legs.; Patient has tried 4 weeks of physical therapy and she has taking prednisone, Mobic , zanaflex , and tramadol. Symptoms are not any better	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; DIZZINESS BLURRED VISION TINGLING BILATERAL FEET; It is not known if there has been any treatment or conservative therapy.; FATIGUE PARESTHESIA BILATERAL FEET BLURRED VISION VERTIGO DIZZINESS SOB LIGHT HEADED	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; greater than 10 years ago; There has been treatment or conservative therapy.; radicular neck pain down bilateral upper ext and low back pain with radicular pain down bilateral lower ext; Patient has been on ns aids and has had physical therapy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Neurological: Positive for weakness (both legs), numbness (off and on in right leg) and headaches. Negative for facial asymmetry and speech difficulty.  Has had some episodes where eyes roll back and body stiff and then she is confused afterwards. Starte; There has been treatment or conservative therapy.; weakness (both legs), numbness (off and on in right leg);	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; shoulder pain diffuse not well localized worse with over head activites, Radiation of pain to the neck; There has not been any treatment or conservative therapy.; pain in neck she has noticed when she turns her head a certain way sh ehas pain in Rt arm	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 8/2016; There has been treatment or conservative therapy.; Pt report radiating pain from his neck down his spine to his lower back. pt has tenderness/diffuse lower ext tenderness.; Pain Clinic referral	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2017; There has been treatment or conservative therapy.; Pain radiating into left upper extremity. Left hip pain that is 10/10.  Neck pain radiating down the left arm. Pain in the lateral thigh and radiates down the leg.; Gabapentin 100mg Previously treated with Physical therapy to left shoulder.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; back pain	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; neck and back ddd; Percocet	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	8
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Pain, radiculopathy; physical therapy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	2015 MRI showed moderate cervical foraminal stenosis. will need more recent MRI for neurosurgery eval; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	3.13.17 The Chief Complaint is: X1wk ago-knot in the neck and had MRI done. missed the first hours of work-was unable to turn her head. also says her (R) heel hurts like she's stepping on a nail. c/o being dizzy-'severe' vertigo. c/o vision is blurry. thi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approximately 3.6.17; It is not known if there has been any treatment or conservative therapy.; neck pain, dizziness, paresthesias, blurred vision	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	39 yr old male w/ hand pain numbness; meds not helping. conservative therapy was done; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal xray indicating further testing; This study is being ordered for trauma or injury.; before 12/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given > Abnormal xrays; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/20/2016; There has been treatment or conservative therapy.; Back and neck pain; Prescription meds at home exercise	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Base on his old MRI is does show that he did have some abnormal findings and in order for Dr. Cagle to refer him to a neurosurgeon to find out if anything can be done at this point a new MRI would have to be done.; This study is being ordered for a neurological disorder.; Patient started to notice that he was having trouble with his grip and was starting to drop thing in 12/2016.; There has been treatment or conservative therapy.; Patient is having numbness and tingling to hands and can not grip, states that he is losing his grip on things.; Patient was given home exercise with instruction on what to do and was informed of needing to rest, apply heat and ice when needed and was given anti-inflammatory medication and also pain medication. c/o of neck and shoulder pain in arm, numbness tingling and meds are not helping, difficulty sleeping; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical fusion (2015), neck and back pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; Migraines, neck pain; Medications, pain management	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	cervical radiculitis with weakness and tingling of right shoulder; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervicalgia; failed conservative therapy. Physical therapy and medication.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness of the arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic back pain left limb numb; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; lortab	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic neck pain. pain radiating down right arm. patient has had xrays and seen a chiropractor.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and tingling in right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic pain to back and neck. has tried medication but does not help and gives him gi distress; This study is being ordered for a neurological disorder.; 08/19/2014; There has been treatment or conservative therapy.; chronic pain to back and neck. has tried medication but does not help and gives him gi distress; patient has seen a neurosurgeon and taken medications for pain and inflammation	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC RIGHT SIDED LOW BACK PAIN, CERVACALGIA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2016; There has been treatment or conservative therapy.; RADIATING PAIN TO THE ARMS ANS SHOULDERS, ARM NUMBNESS, BILATERAL BUTTOCK PAIN AND NUMBNESS, LOWER BACK PAIN; CHIROPRACTIC AND NSAIDS	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Date of initial onset: 2006-2007; There has been treatment or conservative therapy.; Treatment/Conservative therapy: Patient has seen a neurosurgeon due to fusion and has done home therapies, TENS unit, and anti-inflammatories.; Primary symptoms: Bac; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2006-2007; There has been treatment or conservative therapy.; Back pain; cervicgia, thoracic back pain with herniated discs. Severe pain. Limited range of neck, extremity numbness in bilateral arms and legs.; Patient has seen a neurosurgeon due to fusion and has done home therapies, TENS unit, and anti-inflammatories ddd c-spine, paresthesia to l arm, l shoulder internal derangement; This study is being ordered for trauma or injury.; 03/03/17; It is not known if there has been any treatment or conservative therapy.; ddd c-spine, paresthesia to r arm, l shoulder internal derangement	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	degenerative disc disease spondylolisthesis; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right arm, from neck to shoulder, radiating down; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Dx with neck pain and back pain; the discomfort is most prominent in the mid lumbar spine. This radiates to the buttocks. He notes some pain relief with rest. The pain worsens with back flexion, back extension, hip flexion, and hip extension. patient ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/04/2016; There has been treatment or conservative therapy.; Pain with range of motion; back flexion and extension, headaches, joint stiffness, neck pain, back pain that radiates to buttocks and leg; Patient is in Physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate nodule found on neck/spine; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; December 2016; There has been treatment or conservative therapy.; Abnormal x-ray, numbness and tingling; Medications, injections	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Further evaluation; This study is being ordered for trauma or injury.; neck - couple months hip - recent; There has been treatment or conservative therapy.; back pain, hip pain and neck pain, neuropathy; PT one visit; hydrocodone and muscle relaxers for her neck; this is the first visit for the hip	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He has neck pain, says he has a bone spur on the left lateral cervical spine. He says the tramadol is not helping completely, and he has swelling on that side. He gets weakness and parathesias on the left arm. He had been seeing a chiropractor with pa; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	INJURY IN 1986 WITH WORSENING PAIN THAT HAS BEEN CHRONIC IN NECK AND LEFT SHOULDER; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Neck symptoms Under care of Dr. Gera for complaint of neck pain. Under the care of Dr. Cauli for narrowing of foramen. States pain has increased and is requesting repeat of MRI and second opinion. MRI of c-spine dated 05/16/16 revealed mild degenerativ	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; numbness in hands, prior history of neck surgery, titanium plates and screw in neck	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mr. RICE is a 56 year old White male. This is a follow-up visit. He presents with low back pain, upper back pain, and neck pain. MVA 11/2/16 HPI: Low back pain noted. Reason for visit: This is a follow-up visit. other: MVA The discomfort is most prominent; This study is being ordered for trauma or injury.; Mr. RICE is a 56 year old White male. This is a follow-up visit. He presents with low back pain, upper back pain, and neck pain. MVA 11/2/16   HPI:   Low back pain noted. Reason for visit: This is a follow-up visit. other: MVA The discomfort is mo; There has been treatment or conservative therapy.; Mr. RICE is a 56 year old White male. This is a follow-up visit. He presents with low back pain, upper back pain, and neck pain. MVA 11/2/16 HPI: Low back pain noted. Reason for visit: This is a follow-up visit. other: MVA The discomfort is most prominent; Physical Therapy, at home Therapy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MVA 3 YEARS AGO AND LASTING EFFECTS. PAIN FOR 3 YEARS TREATMENT IS NOT HELPING; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; TINGLING AND NECK PAIN FOR 3 YEARS DUE TO MVA. PAIN IN BOTH SHOULDERS AND ARMS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n.a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/08/2017; There has been treatment or conservative therapy.; sharp pain in lower back that radiates to neck; PT, xray	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a neurological disorder.; Jan 9, 2017; There has been treatment or conservative therapy.; lumbar - shooting pain from back down to legs cervical - pain from neck radiating into neck and arms; medication	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has been treatment or conservative therapy.; Can't raise arms over head without pain, pain radiates to lower back from neck, pain in lower back when walking and bending over.; Medication Neck pain for 2 years, pain is increasing in severity, causing h/a's, muscle spasms.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain that radiates down arm, middle, and low back pain; This study is being ordered for trauma or injury.; Current pain started two months ago. The event precipitated this pain was a motor-vehicle accident (she was struck from behind, she was the driver.; It is not known if there has been any treatment or conservative therapy.; Additionally, she presents with history of chronic low back pain. the location is primarily in the lower lumbar spine. The pain radiates to the left and right foot. She characterizes it as intermittent, moderate in intensity, aching, and burning. She	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NECK PAIN MIGRAIN MS; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck Present- Neck Pain (POSTERIOR NECK WILL POP AFTERWARDS GETS DIZZY EVERYTHING GOES BLACK THEN COMES BACK NO LOSS OF BOWEL OR BLADDER NO PAIN ASSOC WITH NECK JUST TURNS HER HEAD FEELS THE POP THEN EVERYTHING GOES BLACK FOR A SECOND OR 2 HAS BEEN OCCURR; This study is being ordered for a neurological disorder.; 1 year ago; There has not been any treatment or conservative therapy.; NECK WILL MAKE POPPING SOUND AND SHE WILL BECOME DIZZY--NAUSEATED-BLURRED VISION--AND AT TIMES WILL BLACK OUT--HAS BEEN OFF AND ON FOR ABOUT A YEAR/ Happens daily	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck/Upper back pain Tingling Numbness; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Needing MRI done so neurosurgery can look at extent of damage shown from recent CT done in the ER. CT suggested bulging disc and recommends MRI be done.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient in pain from the bulging disc and hasn't been able to move around or do any lifting. Patient can't rotate neck because of injury. Patient becoming weak because he is not able to perform activities of daily living due to his neck pain.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	no; This study is being ordered for a neurological disorder.; 7/13/1960; There has been treatment or conservative therapy.; pain; Rehab	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness on right side and severe ;pain.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; no change with treatment of home exercise and oral medication	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Pain, Tingling, Numb ness in extremeties.; MEDS	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness down both arms, crepitus, neck stiffness; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Numbness in upper arm.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in upper arm and thumb; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	osteoporosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2015; There has been treatment or conservative therapy.; lower back pain, shoulder pain, upper back pain; anti-inflammatory, pain meds,	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain and radiating numbness; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; pain; medication pain is increasing even with all the treatments; This study is being ordered for a neurological disorder.; 12/15/2015; There has been treatment or conservative therapy.; radiculopathy. DJD. muscle spasms; injections and pain management medications	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain so bad can hardly move arm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 15 years ago; There has been treatment or conservative therapy.; shoulder and neck pain, limited range of motion,; medication, pt, anti-inflammatory	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient diagnosed with neck pain. The location of discomfort is posterior and on the left side. It radiates to the intrascapular area and left arm. The pain is characterized as severe, constant, and sharp. There was no obvious precipitating event or i; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Associated symptoms include neck stiffness and left upper extremity paresthesia.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient had a pop to the back; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/14/2017; There has been treatment or conservative therapy.; headache, pain in neck, shoulders, numbness bilaterally in finger tips, numberless and tingling in right leg, pain in left hip ; medication, anti-inflammatory, pt patient had MVA 3 years ago. Has had chronic neck pain since then. Pain radiating down neck through shoulders and arms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain in neck down into both shoulders and arms. difficulty lifting arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient has been on Mobic, tramadol, methocarbamol, steroids, and flexeril; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2016; There has been treatment or conservative therapy.; Progressive neck pain with pain and numbness radiating to the right hand. Also experiencing worsening low back pain with radicular symptoms of the left leg. Limited range of motion. Joints overall hurting more. NAD; Neck with limited range of motion.; Patient has tried Physical Therapy and has been to pain management</p>	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has been reporting headache, dizziness, unsteadiness on his feet, and cervicalgia since 12/6/2016. Patient continues to have these issues. Patient has had X-Rays which shows degenerative change at C5/C6 and C6/C7 with mild disc space narrowing at ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has been reporting headache, dizziness, unsteadiness on his feet, and cervicalgia since 12/6/2016. Patient continues to have these issues. Patient has had X-Rays which shows degenerative change at C5/C6 and C6/C7 with mild disc space narrowing at ; There has been treatment or conservative therapy.; Headache, Dizziness, Unsteadiness on his feet, Cervicalgia; Patient has had prescription medication and PT.</p> <p>PATIENT HAS COMPLETED 5 WEEKS OF PHYSICAL THERAPY WITH NO RELIEF IN PAIN OR THE NUMBNESS/TINGLING IN RIGHT HAND; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAVEING WEAKNESS AND NUMBNESS/TINGLING IN RIGHT HAND; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has failed PT and steroids; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient has had ongoing pain since MVA, she has been to specialists and had shoulder surgery performed.; This study is being ordered for trauma or injury.; 11/28/2016; There has been treatment or conservative therapy.; pt has had shoulder pain that radiates into neck.; pt has attempted physical therapy and taken medication with little to no relief.</p>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient has had this pain for a considerable amount of time but due to financial issues, has been unable to get testing done until now.; This study is being ordered for trauma or injury.; 12/2015; There has been treatment or conservative therapy.; cervical pain with radiculopathy down arms. thoracic pain persistent after therapy; physical therapy, anti-inflammatory medication, pain medication</p>	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has shooting pains from neck to head, is unable to work due to symptoms. Rule out possible aneurysm and or nerve involvement.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01-09-2017; There has been treatment or conservative therapy.; Severe headache,neck pain, nausea, and light sensitivity.; Unrelieved with Tylenol #3, Norco,and OTC analgesics. Given Decadron injection at clinic and no improvement.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is a candidate for surgical evaluation.; This study is being ordered for a neurological disorder.; 01/13/2002; There has been treatment or conservative therapy.; Neck pain in right trapezius and extends into shoulder. Lower back pain radiating to the legs, worse on the right, posteriorly, and chronic duration. The lower back exhibited moderate tenderness on palpation. Pain demonstrated with extension and rotation.; Previously treated with Chiropractic Therapy-which didn't help. Previously treated with Corticosteroid Injections-which didn't help. Previously treated with Medication-which helped.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is complaining of pain in the neck and upper back, patient has been to physical therapy and has had pain management. Patient is still complaining of pain, no change in status.; This study is being ordered for trauma or injury.; 11-2016; patient was in back seat of car when car hit a speed bump and patient's back hit the bar. Was not a car accident, just hit a bump; There has been treatment or conservative therapy.; Pain radiating down neck and into arms, and middle of back.; Physical therapy and pain management per Dr. Richardson, a local physician that specializes in orthopedics and spinal cases.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient was in office on 11/14/16 complaining of pain in between shoulder blades that radiates to the neck causing numbness and tingling to his left arm that has been going on for about 6 months now. Patient has been treated with steroids, pain medication; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; paresthesia of left extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	previous thoracic fracture; This study is being ordered for trauma or injury.; 06/01/2016; There has been treatment or conservative therapy.; neck and upper back pain; pain meds and PT	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt had recent XRAY evidence of severe DDD w/ c/o worsening radiating pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has Hx of spine surgery in the past (cervical disc repair); having pain, numbness and tingling getting worse; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has neck pain that radiates into head causing severe headaches; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has tried conservative therapy with no improvement; neurological deflects with abnormal gait, dizziness, nausea; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; x 5 yes 02/15/12 est; There has been treatment or conservative therapy.; severe headaches on both sides; The cervical spine showed tenderness on palpation and showed pain elicited by motion.; The knees showed abnormalities.; The ankles showed abnormalities.; A motor exam demonstrated dysfunction.; Gait and stance were abnorm; pain management 2014; pain specialist 2016; medication therapy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt is having pain in the neck that is going down into her hands. She is also complaining of numbness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt states she is here for medication refills and co stomach pain, bloating, dizziness, headaches. pt states she is just not feeling good.; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. complains of neck pain for the last few days. No numbness. No trauma. No bowel or bladder symptoms. No treatment. It is keeping him awake at night. Pt. complains of pain and tenderness in left hip for the past two months. No trauma. No treat; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt. having numbness, paresthesia.; This study is being ordered for a neurological disorder.; Pt. states that numbness has been going on for months.; There has not been any treatment or conservative therapy.; pt. is having numbness and pain in neck and low back pain.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. is here for follow-up of chronic neck pain and his pain is not controlled. No new complaints. Pt. has been compliant with medication.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Recent cervical spine xray revealed moderate discogenic degeneration C5-6, C6-7. Patient reports pain is worsening.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	see scanned information; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic; There has been treatment or conservative therapy.; Chronic Headaches; Gabapentin, Celebrex, Diclofenac with no improvement	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 months ago; There has been treatment or conservative therapy.; neck pain that radiates down both arms and low back pain that radiates down both legs; medication	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	she is most worried about her neck pain. Last visit with Bunde PT was recommended. She would like to know if interventional pain management can help with her neck. She gets lumbar ESI that help. She has not had MRI of cervical spine. Xray shows DDD. She re; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Spine; Movements - Range of motion decreased, Movements painful, Flexion restricted and Flexion painful. Neurological Present- Numbness (PULLING SENSATION AND NUMBNESS IN LEFT 1ST AND SECOND FINGERS WITH ASSOC NUMBNESS IN LEFT 5TH AND 4TH DIGITS IN ULNAR D; This study is being ordered for a neurological disorder.; Unknown Months ago; There has been treatment or conservative therapy.; leg pain. Symptoms include leg pain (left), swelling (left knee), difficulty bearing weight and difficulty ambulating. The pain radiates to the left thigh, left knee and left lower leg. Onset was month(s) ago. Hand pain has been gradual and been occurring; THER/PROPH/DIAG INJ, SC/IM (96372); TORADOL 15 MG (J1885) (4 Units); Started PredniSONE 10MG, 1 (one) Tablet daily, #7, 7 days starting 02/25/2017, No Refill; Changed PredniSONE 50MG, 1 (one) Tablet daily, #7, 7 days starting 02/28/2017, No Refill.; FMG H	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	2

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Celebrex for a yr	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	this is a double study which means automatic review/will just fax notes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; this is a double study which means automatic review/will just fax notes; There has been treatment or conservative therapy.; this is a double study which means automatic review/will just fax notes; this is a double study which means automatic review/will just fax notes	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is not a continuation or recurrence of symptoms related to a previous surgery or fracture.; Follow-up to Surgery or Fracture within the last 6 months; UNKNOWN	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	6
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; cervical compression test produces b/L radicular symptoms with shooting pain and pasesthesia down UE (right worse than Left); No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Current complaint: Patient reports that her left arm, and left leg both are aggravated by persistent numbness and tingling. She has numbness and tingling at the distal tips of the fingers of the left hand, left hand itself, the forearm, the arm, but now h; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Patient is experiencing Numbness.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Pt presents with neck pain, headaches with blurred vision and nausea x1 month; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	3
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Pt had a cervical x-ray 1/2016 that was abnormal, showed advanced Degenerative bilateral facet arthropathy of C3-4 ad C4-5 and disc space narrowing at C5-6 and C6-7	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	5

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; APPOINTMENT IS SCHEDULED ON 1/13/17	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Neck pain, cervical disc disease	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; new onset of right shoulder pain, neck pain. mild degenerative disc disease. discomfort in movement of shoulder. pain radiates down right hand. pain in neck when turned to the left.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient having neck pain for one week, has been to the ER previously. Patient had CT of neck which was negative. If patient puts pressure on right side of neck pain goes away Patient has significant tenderness in neck area. Patient has had one steroid inj	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; PATIENT IS HAVING PROBLEMS WITH SEVERE NECK PAIN.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; patient with chronic neck pain requiring further imaging to determine cause of pain.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Please see attached clinical information.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Sudden onset of neck pain without relieve from muscle relaxers, pain medicine and trigger point injections	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; the xray report shows advanced degenerative changes throughout the cervical spine at C2-3,C3-4,C4-5, and C5-6. Recommends MRI	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; UNKNOWN	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; <Enter Additional Clinical Information>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; having numbness and tingling in both hands	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; In addition to her lower back pain, she is also having sharp, shooting pain in her neck that radiates into her right arm. She also has pain, numbness and tingling in her arms and hands in addition to muscle weakness in her upper extremities. She feels t	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Patient is having cervical spine pain. MVA on 12/25/16, still having neck pain. No imaging done after MVA. Parathesias in right arm and bilateral sciatica</p> <p>This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; PT. has been complaining of neck pain that radiates to LUE with numbness. PT. is no better with steroids, Mobic, Flexeril, or Ultracet.</p>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for cervical spine MRI; Trauma or recent injury; NECK PAIN,PAIN WITH MOVEMENT,R/O BULGING DISC,CERVICAL SPINE TENDER,PAIN WITH ROM,TINGLING IN LEGS DECREASED MOBILITY; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</p>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for cervical spine MRI; Trauma or recent injury; patient involved in an MVA, has a concussion and neck pain, MRI brain was negative, still having problems with neck and migraines; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</p>	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; presents with a Chief Complaint of Fall (Reports 2 weeks ago fell while in the shower, c/o having mid to low back pain and neck pain since); Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Pt. came to the clinic on 12/06/2016 stating that he fell in the shower and hit the back of his neck. At that visit pt. complained of a headache and blurred vision to left eye since the fall. Pt. was then set up for a CT of the head. The results were norm; No, the patient does not have new or changing neurological signs or symptoms.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	this is chronic pain for over two years with extensive weakness in lue and intermittent numbness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lue weakness and radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	THIS PATIENT IS A NEW PATIENT TO US THAT PRESENTS TO CLINIC WITH CHRONIC NECK PAIN.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	TO LOOK FOR ABNORMALITIES THAT CANNOT BE SEEN ON REGULAR XRAYS; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; PAIN, NUUMBNESS AND TINGLING IN AREAS OF CONCERN AND DOWN ALL EXTREMITIES; CHIROPRACTIC	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown.; This study is being ordered for a neurological disorder.; 08/17/2016; There has been treatment or conservative therapy.; Pain radiating with tingling and numbness; Patient has been on prescription medication for pain	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; This study is being ordered for trauma or injury.; 3/22/2016; There has been treatment or conservative therapy.; Back and neck pain.; PT, injections, and oral medications.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; 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 known if the patient has seen the doctor more than once for these symptoms.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; patient is have bilateral upper extremity reflexes.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased strength in both arms with numbness/tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain radiating to L arm, feels weak and heavy, not exertional; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient demonstrated weakness and pain elicited on motion.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	3
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 09/14/2016; There has been treatment or conservative therapy.; Headaches and neck pain that radiates down arm causing numbness; Patient has taken pain medication.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 10/27/2016; There has not been any treatment or conservative therapy.; chronic pain,	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 6 months; There has been treatment or conservative therapy.; numbness, tenderness, neck and back pain, limited range of motion,; medication,	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Congenital Anomaly.; 2/18/2017; There has not been any treatment or conservative therapy.; constant left shoulder pain radiating all the way down to fingers, burning and tingling	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/1/17; There has been treatment or conservative therapy.; Joint tenderness, locking, pain, swelling, spasms, tingling in the arms, weakness; Medication	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/24/17; There has not been any treatment or conservative therapy.; low back pain that radiates,	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/25/2017; There has not been any treatment or conservative therapy.; neck and back pain	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; patient is having neck pain, shoulder pain, numbness down arms; patient has had medication and exciser and steroid injections.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pt's first complaint of pain was 12/23/16.; There has been treatment or conservative therapy.; Pain in neck and entire back, bursts of pain that start in mid back and radiate down both legs, causing numbness in both legs.; Oral pain reliever medications were started on 12/23/16, pt reports no relief while taking these meds.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 1 month; It is not known if there has been any treatment or conservative therapy.; Back pain,neck pain, hip pain Worsening symptoms in a patient with a history of significant stenosis.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X rays show degenerative changes. Spondylosis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Oct. 12, 2016; There has not been any treatment or conservative therapy.; Chronic neck and back pain. Going on longer then 3 months.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-RAY INTERPRETATION:  ORTHOPEDIC X-RAY: C/T spine (Lateral view): degenerative changes, minimal anterior spurring, nothing acute  DEGENERATIVE DISK DISEASE OF C-SPINE ON MRI 9-9-2014 WITH impingement and narrowing -no herniation Chronic Pain: affect; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; STIFFNESS, CREPITUS, TENDERNESS, EFFUSION; PHYSICAL THERAPY  PAIN MEDICATION STRETCHING	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	x-ray revealed disc space narrowing C4-C7 and bony spurring; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		2
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; localized pain of the right scapular region which occurred while doing pull ups. radiates down the ventral aspect of the right arm. localized area of muscle spasm and tenderness to palpation just medial to the upper right scapula. patient has been going t	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; pain radiates to legs.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Patient has osteogenesis imperfect, history of fractures. Patient has severe thoracic pain and is concerned that there is a fracture that was not seen on plain films at a different location. Patient was seen today with pain still in between shoulder blades	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; unknown < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; steroids PT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Pt suffers with numbness down legs and arms, pain and arthritis.; Pt received medication and MD supervised home exercise program therapies.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/19/2017; There has been treatment or conservative therapy.; back pain, neck pain limited ROM; pt	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; history of pain lower back, numbness, weakens	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >;01/17/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has been treatment or conservative therapy.; radiating pain down bilateral legs; range of motion exercises	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-16-2016; There has been treatment or conservative therapy.; Pain, stiffness, decrease in range of motion.; Physical therapy, medications	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/09/16; There has been treatment or conservative therapy.; Neck pain radiating to back, shoulders and left arm. Muscle relaxers did not help; PT Muscle relaxers	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/8/2016; There has been treatment or conservative therapy.; Low Back pain, Chronic back pain , and hypertensive disorder.; PT	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/6/2016; There has been treatment or conservative therapy.; pain; therapy	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/11/2016; There has been treatment or conservative therapy.; Pain in back radiating down right leg, pain in mid back with muscle spasms in right side of back; NSAIDS and PT	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ABOUT A YEAR; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PATIENT HAS HAD ORAL MEDICATIONS.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Jan 2010; There has not been any treatment or conservative therapy.; chronic back pain, all day long	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; sonetime in 2011; There has been treatment or conservative therapy.; pain entire back; Pt in the past no dates	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; pt, injections , medications	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/24/2016; There has not been any treatment or conservative therapy.; PT HAS TREMERS, PAIN BETWEEN SHOULDERS & NECK.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/19/2014; It is not known if there has been any treatment or conservative therapy.; back pain and migrane headaches	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3 weeks ago; There has been treatment or conservative therapy.; tingling and pain; PT , venus doppler was done negative , anti inflammatories and muscle relaxers ,	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. current pain started 2 days ago. Associated symptoms include pt has been having problems with her mid back since 7-2016. when she started riding horses again. middle of her back is bruised. Additionally, she presents with history of low back pain. the d; This study is being ordered for trauma or injury.; current pain started 2 days ago. Associated symptoms include pt has been having problems with her mid back since 7-2016. when she started riding horses again. middle of her back is bruised. Additionally, she presents with history of low back pain. the dis; There has been treatment or conservative therapy.; current pain started 2 days ago. Associated symptoms include pt has been having problems with her mid back since 7-2016. when she started riding horses again. middle of her back is bruised. Additionally, she presents with history of low back pain. the dis; current pain started 2 days ago. Associated symptoms include pt has been having problems with her mid back since 7-2016. when she started riding horses again. middle of her back is bruised. Additionally, she presents with history of low back pain. the dis	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unable to grip properly numbness down arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; BACK PAIN; PAIN MEDS	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/12/2017; There has not been any treatment or conservative therapy.; She reports intermittent flares of pain that she can usually treat with Ibuprofen and topical ointments like Icy Hot. She reports she was in her usual state of health until Sunday morning when she woke up. She reports she was initially fine, but then when	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has had pain on and off for about 10 years; There has not been any treatment or conservative therapy.; Patient has radicular pain in thoracic spine and lumbar spine. Patient has degenerative disc disease with numbness going down both legs	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has been treatment or conservative therapy.; severe and chronic back pain, worse at night when trying to sleep; pain treatment	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	7
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Pain, radiculopathy; physical therapy	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 02/24/2017 The injury involved the low back. This occurred month(s) ago. Symptoms include pain and muscle spasm. Symptoms are located in the left low back, in the left lumbosacral area, in the right low back, in the right lumbosacral area and symmetrica; There has been treatment or conservative therapy.; Musculoskeletal Present- Back Pain, Decreased Range of Motion (interm), Left Leg Pain/Numbness, Leg Weakness, Muscle Pain, Myalgia, Neck Pain and Right Leg Pain/Numbness. Not Present- Joint Pain and Shoulder Pain.; Started Meloxicam 15MG, 1 (one) Tablet daily, #30	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 3/30/2016; There has been treatment or conservative therapy.; Pain; Physical Therapy, medications	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; January 6th, 2017; There has been treatment or conservative therapy.; middle and lower back pain that radiates to her legs; home physical therapy work outs, she also attends the senior center in Harrisburg everyday for four hours, symptoms have not improved	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; PATIENT IS NEW TO CLINIC HAD MVA THREE YEARS AGO HAD SEVERAL FRACTURES. BACK PAIN HAS GOTTEN WORSE SINCE PREGNANCY 8 MONTHS AGO; There has been treatment or conservative therapy.; LOW BACK PAIN THAT RADIATES DOWN LEFT LEG.PT STATES IT IS WORSE SINCE CHILD BIRTH EIGHT MONTHS AGO. PATIENT IS VERY TENDER ALONG ENTIRE THORACIC AND LUMBAR SPINE AND OVER SI JOINT. PARASPINOUS MUSCLE TENDERNESS BILATERALLY; SHE HAS BEEN ON GABAPENTIN,TIZANIDINE HAS USED OTC NSAIDS AND PERCOCET	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal xray indicating further testing; This study is being ordered for trauma or injury.; before 12/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Altered gait, history of scoliosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Chronic low back pain, scoliosis; Medications	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain/ sciatica nerve, pain is sharp, radiating to RLE, aggravated when he sits down and bends, applied heat but does not work, went to ER on 01/09/17, x-ray normal, dc home with Naproxen and Zanaflex. Both meds did not help; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	burning sensation, X-ray shows levoscoliosis; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Can work because of it. Has scoliosis shown on x-ray; This study is being ordered for Congenital Anomaly.; 2016; There has been treatment or conservative therapy.; Chronic back, one leg is shorter than the other; Medications and back strengthening home exercises.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical fusion (2015), neck and back pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; Migraines, neck pain; Medications, pain management	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Date of initial onset: 2006-2007; There has been treatment or conservative therapy.; Treatment/Conservative therapy: Patient has seen a neurosurgeon due to fusion and has done home therapies, TENS unit, and anti-inflammatories.; Primary symptoms: Bac; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2006-2007; There has been treatment or conservative therapy.; Back pain; cervicalgia, thoracic back pain with herniated discs. Severe pain. Limited range of neck, extremity numbness in bilateral arms and legs.; Patient has seen a neurosurgeon due to fusion and has done home therapies, TENS unit, and anti-inflammatories	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Dx with neck pain and back pain; the discomfort is most prominent in the mid lumbar spine. This radiates to the buttocks. He notes some pain relief with rest. The pain worsens with back flexion, back extension, hip flexion, and hip extension. patient ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/04/2016; There has been treatment or conservative therapy.; Pain with range of motion; back flexion and extension, headaches, joint stiffness, neck pain, back pain that radiates to buttocks and leg; Patient is in Physical Therapy.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; Patient with complaints of low back ache and pain with generalized numbness.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Having interscapular pain; has a history of Thoracic dissection post op in Memphis, but states this pain is different; it is palpable pain at the right of the T spine	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; He continues to complain of left sided back and rib pain daily. It seems to start in the left thoracic spine area and affects the left lateral ribs as well.; He has gone to the chiropractor, which helps for a few minutes but then the pain starts again. He	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; patient has mid back pain	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Pain in thoracic spine, has been seeing ortho for his hip pain and has had therapy and steroid injections but they do not think it is the hip, has already had l-spine mri which shows ddd L1,2,3 levels with bulging discs and small central protrusion with m	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mbr re injured herself; This study is being ordered for trauma or injury.; 1/2/2017; There has been treatment or conservative therapy.; back pain; medication, back brace N/A; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and numbness Member was helping husband and hurt her back; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain that radiates down arm, middle, and low back pain; This study is being ordered for trauma or injury.; Current pain started two months ago. The event precipitated this pain was a motor-vehicle accident (she was struck from behind, she was the driver.; It is not known if there has been any treatment or conservative therapy.; Additionally, she presents with history of chronic low back pain. the location is primarily in the lower lumbar spine. The pain radiates to the left and right foot. She characterizes it as intermittent, moderate in intensity, aching, and burning. She	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	no; This study is being ordered for a neurological disorder.; 7/13/1960; There has been treatment or conservative therapy.; pain; Rehab	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NOne; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Muscle weakness in lom blades; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Pain, Tingling, Numb ness in extremities.; MEDS	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain and radiating numbness; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; pain; medication	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>pain with lifting and sitting,pain radiates to bilateral shoulder blades&#x0D; istory of Present Illness:&#x0D; 1. back pain &#x0D; Onset: 1 week ago. The problem is worsening. It occurs persistently. Location of pain is upper back, middle back and lower back. Pain is ; This study is being ordered for a neurological disorder.;</p> <p>01/24/2017; There has been treatment or conservative therapy.;</p> <p>Physical Exam Findings: Tingling in lower extremities; generalized weakness in lower extremities. Gait changes,back pain aggravated by daily activities,numbness,tremor,neck pain,muscle weakness; following procedure(s) completed today Anodyne was performed on the Thoracic region(s), CMT 1-2 Spinal Regions , Electrical Stimulation Constant Attendance was applied to the Cervical and Thoracic regions for minute(s), Ice pack was applied to the Thora</p>	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient had a pop to the back; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>1/14/2017; There has been treatment or conservative therapy.;</p> <p>headache, pain in neck, shoulders, numbness bilaterally in finger tips, numberless and tingling in right leg, pain in left hip ; medication, anti-inflammatory, pt</p>	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient has been diagnosed with Notalgia paresthetica, commonly associated with radiculopathy and nerve root compression. We have evaluated her c-spine, and no lesions were seen. Her specialist has recommended she have a thoracic spine MRI.;</p> <p>This is a request for a thoracic spine MRI.;</p> <p>Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>There is no weakness or reflex abnormality.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>The patient does not have a new foot drop.;</p> <p>There is recent evidence of a thoracic spine fracture.</p>	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has been to physical therapy with no signs of improvement.;</p> <p>This is a request for a thoracic spine MRI.;</p> <p>Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient has had back pain for over 4 weeks.;</p> <p>The patient has seen the doctor more then once for these symptoms.;</p> <p>It is not known if the physician has directed conservative treatment for the past 6 weeks.</p>	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient has completed failed physical therapy. mid back pain with tingling that radiates down arm. MVA injury.;</p> <p>This is a request for a thoracic spine MRI.;</p> <p>Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.;</p> <p>There is weakness.;</p> <p>patient has completed failed physical therapy. mid back pain with tingling that radiates down arm. MVA injury.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>The patient does not have a new foot drop.;</p> <p>There is recent evidence of a thoracic spine fracture.</p>	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had ongoing pain since MVA, she has been to specialists and had shoulder surgery performed.; This study is being ordered for trauma or injury.; 11/28/2016; There has been treatment or conservative therapy.; pt has had shoulder pain that radiates into neck.; pt has attempted physical therapy and taken medication with little to no relief.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had this pain for a considerable amount of time but due to financial issues, has been unable to get testing done until now.; This study is being ordered for trauma or injury.; 12/2015; There has been treatment or conservative therapy.; cervical pain with radiculopathy down arms. thoracic pain persistent after therapy; physical therapy, anti-inflammatory medication, pain medication Patient is a candidate for epidural steroid injections. X-ray done January 2017 indicated degenerative changes in thoracic spine.; This study is being ordered for a neurological disorder.; 01/17/2015; There has been treatment or conservative therapy.; Burning sensation between scapulae. Midline upper back pain that radiates to bilateral scapula. Mid thoracic spine exhibited tenderness on palpation. Pain demonstrated with extension and rotation. Strain of muscle and tendon of back wall of thorax. Thorac; Patient attempted Physical Therapy, but was unable to continue due to back pain.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is complaining of pain in the neck and upper back, patient has been to physical therapy and has had pain management. Patient is still complaining of pain, no change in status.; This study is being ordered for trauma or injury.; 11-2016; patient was in back seat of car when car hit a speed bump and patient's back hit the bar. Was not a car accident, just hit a bump; There has been treatment or conservative therapy.; Pain radiating down neck and into arms, and middle of back.; Physical therapy and pain management per Dr. Richardson, a local physician that specializes in orthopedics and spinal cases.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents with chest pain, more right-sided, along with thoracic spine pain, describes pain as sharp to the point of shortness of breath. Has tried NSAIDS and stretching with no relief. X-ray done 1/24/17, no fracture but anterolistheis in mid th; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	previous thoracic fracture; This study is being ordered for trauma or injury.; 06/01/2016; There has been treatment or conservative therapy.; neck and upper back pain; pain meds and PT	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has had continued back pain and tried steroids and ibuprofen without success.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe pain in thoracic spine, hurts to cough or deep breathe; This is a request for a thoracic spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	So she can be sent to a neurologist and/or neurosurgeon.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; off and on since 2007. Patient is worse now and is dropping things and falling.; There has been treatment or conservative therapy.; Pain in shoulder blades with numbness, low back pain with legs going numb where she falls and dropping things frequently.; Mobic, Requip, Tramadol and NSAIDs.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; &Enter Additional Clinical Information> The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	3
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; patient has back pain with spinal stenosis on previous MRI; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient has recurrent osteogenesis imperfecta; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient seen for mid back pain that has not decreased with physical therapy or medication management for the past 10 weeks.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; POINTS OF TENDERNESS IS RADIATING TO UPPER EXTREMITIES CAUSING LIMITED RANGE OF MOTION; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	2
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Patient having pain over entire spine.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; chronic back pain	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	2
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; back pain. Symptoms include back pain. Symptoms are located in the right upper back and right mid back. There is no radiation. The patient describes the pain as sharp. Onset was 1 week(s) ago. The symptoms occur constantly. The patient describes symptoms	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; patient has a compression fracture which was noted on the x-ray for L3	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 4 or more thoracic spine MRIs.; The last thoracic spine MRI was performed more than 6 months ago.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; "The caller indicated that there is not x-ray or laboratory evidence of: Osteomyelitis, Meningitis, Septic Arthritis or discitis, or a paraspinal abscess."; The study is being ordered due to known or suspected infection or abscess.; Patient presented with Mid-Back pain greater than 2 weeks following a bout of Ulcerative Colitis. Trying to assess for spinal Inflammation.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patient has had worsening of symptoms after starting physical therapy and needs further imaging.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	trauma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/31/2017; There has been treatment or conservative therapy.; low back pain radiating down leg; x ray which were negative	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown.; This study is being ordered for a neurological disorder.; 08/17/2016; There has been treatment or conservative therapy.; Pain radiating with tingling and numbness; Patient has been on prescription medication for pain	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; This study is being ordered for trauma or injury.; 3/22/2016; There has been treatment or conservative therapy.; Back and neck pain.; PT, injections, and oral medications.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is unknown if there is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 10/27/2016; There has not been any treatment or conservative therapy.; chronic pain,	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/03/2016; There has been treatment or conservative therapy.; PAIN, NUMBNESS DOWN BOTH LEGS; MEDICATIONS	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/05/2017; There has been treatment or conservative therapy.; back pain. tingling and numbness.; physical therapy. pain medication.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/15/2016; There has been treatment or conservative therapy.; back pain with radiculopathy; Ibuprofen	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/24/15; There has been treatment or conservative therapy.; back pain; physical therapy and medications	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pt's first complaint of pain was 12/23/16.; There has been treatment or conservative therapy.; Pain in neck and entire back, bursts of pain that start in mid back and radiate down both legs, causing numbness in both legs.; Oral pain reliever medications were started on 12/23/16, pt reports no relief while taking these meds.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 1 month; It is not known if there has been any treatment or conservative therapy.; Back pain,neck pain, hip pain	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	WILL REFER TO PAIN MANAGEMENT PROVIDER FOR EVALUATION AFTER MRI STUDIES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; INITIALLY SEEN 07/11/2013 FOR LOW BACK PAIN; There has been treatment or conservative therapy.; LOW BACK PAIN WITH RADICULOPATHY, THORACIC PAIN; GETTING INCREASINGLY WORSE; PAIN MEDICATION, AT HOME BACK EXERCISES	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-RAY INTERPRETATION: ; ORTHOPEDIC X-RAY: C/T spine; (Lateral view): degenerative changes, minimal anterior spurring, nothing acute ; DEGENERATIVE DISK DISEASE OF C-SPINE ON MRI 9-9-2014 WITH impingement and narrowing -no herniation; Chronic Pain: affect; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; STIFFNESS, CREPITUS, TENDERNESS, EFFUSION; PHYSICAL THERAPY ; PAIN MEDICATION; STRETCHING	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically		5
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	8
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; BILATERAL LEG; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; down pt legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; POSITIVE STRAIGHT LEG RAISE AT 5 DEGREES; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right side; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; tingling, numbness and weakness in lower legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; List meds here	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; possible injection	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	6

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; CAN BARELY WALK; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	22
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 05/2016; There has been treatment or conservative therapy.; weakness (both legs), numbness (off and on in right leg); < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/19/17; There has been treatment or conservative therapy.; numbness in upper extremity and gait changes; pain meds and muscle relaxers	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/18/2017; There has been treatment or conservative therapy.; mbr has pain in back and both hip but mainly on the Left Hip; medication and x ray with degenerate changes	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Pt suffers with numbness down legs and arms, pain and arthritis.; Pt received medication and MD supervised home exercise program therapies.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Low back pain and neck pain; physical therapy and medication therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; pain in L knee, burning sensation of both feet; medications	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; history of pain lower back, numbness, weakenss	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; low back pain	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Spinal stenosis, degenerative disc disease, osteoarthritis, neck pain	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; Back Pain	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has been treatment or conservative therapy.; radiating pain down bilateral legs; range of motion exercises	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/17/2017; There has been treatment or conservative therapy.; Low back and cervical pain, numbness in hands; Medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/23/17; There has been treatment or conservative therapy.; pain; PT and Nsaids	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/25/2017; There has been treatment or conservative therapy.; cervical pain, getting worse. hard to control, knee feels like its going to blow out, pain worse when moving; pain medicine, muscle relaxer, physical therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-01-2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; insaids and exercises	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/16; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medications and home excise	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/2016; There has been treatment or conservative therapy.; Left hip pain and lower back; Home exercises and medications	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/8/2016; There has been treatment or conservative therapy.; Low Back pain, Chronic back pain , and hypertensive disorder.; PT	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2016; There has been treatment or conservative therapy.; chronic pain in left hip and lumbar spine; medications	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/6/16; There has been treatment or conservative therapy.; PAIN; PT AND CHIROPRACTIC CARE AND PAIN MANGEMENT FOR AN INJECTION	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/6/2016; There has been treatment or conservative therapy.; pain; therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-7-2015; There has been treatment or conservative therapy.; pain; medications and pt	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/16; There has been treatment or conservative therapy.; Lower back pain and neck pain.; Pain Meds and home exercise.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/2017; There has been treatment or conservative therapy.; NECK AND LOW BACK PAIN WITH RADIATION INTO ARM AND NUMBNESS INTO THE HAND RADIATION AND PAIN INTO LEGS; TRAMIDOL/	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3days ago; There has not been any treatment or conservative therapy.; lower back w/numbness and tingling down legs popping in left & right shoulder sharp pain w/motion while sleeping weaknes	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/11/2016; There has been treatment or conservative therapy.; Pain in back radiating down right leg, pain in mid back with muscle spasms in right side of back; NSAIDS and PT	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Jan 2010; There has not been any treatment or conservative therapy.; chronic back pain, all day long	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; sometime in 2011; There has been treatment or conservative therapy.; pain entire back; Pt in the past no dates	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; pt, injections , medications	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 09/30/2016; There has been treatment or conservative therapy.; acute pain in lower spine, moderate narrowing I5 and s1; prednisone and injection of depo meprool 80mg	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/6 OR 1/7 2017; There has been treatment or conservative therapy.; PATIENT HAS LOWER BACK PAIN, HEARING POPPING NOICES IN NECK, BODY ACHES, TREMBLING & NUMBNESS.; PATIENT HAS HAD OTC MEDS & MDO UNSURE WHAT THE ER HAD DONE.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12-2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication, physical	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2 to 3 years for back pain and 8 years for a head injury; There has been treatment or conservative therapy.; mbr has pain in back and neck pain numbness and tingling and head injury was an auto accident in 2008 and has lumps in his head that were never dealt with; medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/15/2017; There has been treatment or conservative therapy.; Hip and lower back pain, issues with gait, Tender left side.; CT, medications	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2014; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. current pain started 2 days ago. Associated symptoms include pt has been having problems with her mid back since 7-2016. when she started riding horses again. middle of her back is bruised. Additionally, she presents with history of low back pain. the d; This study is being ordered for trauma or injury.; current pain started 2 days ago. Associated symptoms include pt has been having problems with her mid back since 7-2016. when she started riding horses again. middle of her back is bruised. Additionally, she presents with history of low back pain. the dis; There has been treatment or conservative therapy.; current pain started 2 days ago. Associated symptoms include pt has been having problems with her mid back since 7-2016. when she started riding horses again. middle of her back is bruised. Additionally, she presents with history of low back pain. the dis; current pain started 2 days ago. Associated symptoms include pt has been having problems with her mid back since 7-2016. when she started riding horses again. middle of her back is bruised. Additionally, she presents with history of low back pain. the dis	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.....; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; gabapentin and meloxicam and hydrocodne	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	4

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	4
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; limited range of motion due to pain and muscle spasms of the lower lumbar spine, there is moderate tenderness over the SI joints bilaterally, there are no focal point tender areas., pain that radiates across the back to the left hip, L5/S1 functional weak; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lower back pain , with bilateral leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Marty comes back with continued pain in his legs, particularly right lower extremity. Has pain in his low back, right SI area, and then radiates down the lateral aspect of his leg to his foot. This has been going on for about four months. I have given him; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS WEAKNESS TO BOTH LEGS BUT THE RIGHT LEG IS WORSE.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt having back pain since fall in 2013, He has had severe pain and limited mobility w numbness and tingling and difficulty w weight bearing; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PT IS HAVING WEAKNESS IN LOWER EXTREMITIES.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; tenderness to palpation around L5 & PSISs. lumbar spasm. extension moderately painful.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS IN BILATERAL LOWER EXTREMITIES; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; There has been a recurrence of symptoms following surgery.; It is not known when the surgery was done.; It is not known if the patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Midline low back pain with bilateral sciatica, unspecified chronicity This is a chronic problem. The current episode started more than 1 year ago. The pain is present in the lumbar spine. The pain radiates to the right thigh and left thigh. Associated sym; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patients knees buckle decreased patellar reflex and achilles.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; told her she needs back surgery. She has weakness in the right leg; is unable to pick it up. This began last year. . She has had injections in the lumbar spine by Dr. Sewell. Not clear if LESI. These did not help at all. She had an MRI in 2015 showing; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	15
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient has had back pain for over 4 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.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/01/2017; There has been treatment or conservative therapy.; RADICULAR BILATERAL LEG PAIN NECK STIFFNESS AND RADICULOPATHY BURNING; LESI INJECTION, PAIN MEDICATION, PT	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 09/23/2016; There has been treatment or conservative therapy.; Neck pain that radiates into shoulder and arm.&#xOD; Lower back with pressure and radiates into legs.; Patient has tried 4 weeks of physical therapy and she has taking prednisone, Mobic , zanaflex , and tramadol. Symptoms are not any better	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; greater than 10 years ago; There has been treatment or conservative therapy.; radicular neck pain down bilateral upper ext and low back pain with radicular pain down bilateral lower ext; Patient has been on ns aids and has had physical therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Neurological: Positive for weakness (both legs), numbness (off and on in right leg) and headaches. Negative for facial asymmetry and speech difficulty.  Has had some episodes where eyes roll back and body stiff and then she is confused afterwards. Starte; There has been treatment or conservative therapy.; weakness (both legs), numbness (off and on in right leg);	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; BACK PAIN; PAIN MEDS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 8/2016; There has been treatment or conservative therapy.; Pt report radiating pain from his neck down his spine to his lower back. pt has tenderness/diffuse lower ext tenderness.; Pain Clinic referral	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; The abdominal pain started January 3 and has not let up. Patient was put on Cipro for diverticulitis, has tried Zofran, promethazine, and Metamucil. But he continues to complain of abdominal pain.  Patient may have an abscess forming or unresolved divert; There has been treatment or conservative therapy.; LLQ pain, a constant burning pain.  Low back pain that radiates to both legs.; Patient was given Cipro for diverticulitis and he has been on Zofran, promethazine and Metamucil. But he is still having the abdominal pain. We suspect abscess formation or nonresolving diverticulitis.  Patient was given exercises to do at home for his	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	3
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/12/2017; There has not been any treatment or conservative therapy.; She reports intermittent flares of pain that she can usually treat with Ibuprofen and topical ointments like Icy Hot. She reports she was in her usual state of health until Sunday morning when she woke up. She reports she was initially fine, but then when	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/17/16; There has been treatment or conservative therapy.; pain in neck, weakness in both arms and hands; pain in lower back radiating down right lower extremity; Patient has been taking meloxicam and OTC NSAIDS with no improvement of symptoms	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2017; There has been treatment or conservative therapy.; Pain radiating into left upper extremity. Left hip pain that is 10/10.  Neck pain radiating down the left arm. Pain in the lateral thigh and radiates down the leg.; Gabapentin 100mg Previously treated with Physical therapy to left shoulder.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/19/2015; There has been treatment or conservative therapy.; Patient is having chronic low back and left hip pain and tenderness. She is having shooting pain into her knee and mild numbness in her hip. Her gait is altered and she has restricted range of motion in her left leg.; Patient has tried physical therapy and has been treated with NSAIDS, steroids, and gabapentin.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-4 years (2012-2013); There has been treatment or conservative therapy.; Right Hip Pain x 3-4 yrs years that has gradually gotten worse Went to urgent care on Saturday, they gave her predisone dose pack. It did help. Been to chiropractor, it helped at first.  Pain is constant. Has tried ice pack, heat packs, ibuprofen, noth; Soma, Steroid and Chiropractor	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has had pain on and off for about 10 years; There has not been any treatment or conservative therapy.; Patient has radicular pain in thoracic spine and lumbar spine. Patient has degenerative disc disease with numbness going down both legs	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has been treatment or conservative therapy.; severe and chronic back pain, worse at night when trying to sleep; pain treatment	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; back pain	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; neck and back ddd; Percocet	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	11
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Pain, radiculopathy; physical therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 02/24/2017 The injury involved the low back. This occurred month(s) ago. Symptoms include pain and muscle spasm. Symptoms are located in the left low back, in the left lumbosacral area, in the right low back, in the right lumbosacral area and symmetrica; There has been treatment or conservative therapy.; Musculoskeletal Present- Back Pain, Decreased Range of Motion (interm), Left Leg Pain/Numbness, Leg Weakness, Muscle Pain, Myalgia, Neck Pain and Right Leg Pain/Numbness. Not Present- Joint Pain and Shoulder Pain.; Started Meloxicam 15MG, 1 (one) Tablet daily, #30	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 11/2015; There has been treatment or conservative therapy.; pain, stiffness, limited range of motion; anti-inflammatory medication, physical therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 3/30/2016; There has been treatment or conservative therapy.; Pain; Physical Therapy, medications	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; January 6th, 2017; There has been treatment or conservative therapy.; middle and lower back pain that radiates to her legs; home physical therapy work outs, she also attends the senior center in Harrisburg everyday for four hours, symptoms have not improved ; This study is being ordered for trauma or injury.; PATIENT IS NEW TO CLINIC HAD MVA THREE YEARS AGO HAD SEVERAL FRACTURES. BACK PAIN HAS GOTTEN WORSE SINCE PREGNANCY 8 MONTHS AGO; There has been treatment or conservative therapy.; LOW BACK PAIN THAT RADIATES DOWN LEFT LEG.PT STATES IT IS WORSE SINCE CHILD BIRTH EIGHT MONTHS AGO. PATIENT IS VERY TENDER ALONG ENTIRE THORACIC AND LUMBAR SPINE AND OVER SI JOINT. PARASPINOUS MUSCLE TENDERNESS BILATERALLY; SHE HAS BEEN ON GABAPENTIN,TIZANIDINE HAS USED OTC NSAIDS AND PERCOCET	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	2. Back pain  Additional information: pt reports pain since 24. Pt reports tree falling on him at 27, has been in a MVA, used to fight, hx of being hard on his body. Would like to discuss options.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	34 y/o female c/o right sided low back pain after abruptly picking up two year old 3 days ago. Denies any radiating pain down legs. Back pain 6/10 at rest, but exacerbated with movement.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Naprosyn Cyclobenzaprine	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	54 yo female presents f/u from her last visit here on 1/13/17. Today, states she fell 2 days ago and landed on her left side/back area. Was seen by a chiropractor yesterday. Seen at Spark's ED this am and told she has "multiple herniated discs to her low; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	8 month history of right lower back pain which radiates into her right lower extremity down to the dorsum of her foot. She states that she has been to 2 different urgent care centers and to the emergency room and they have told her that she has a pinched ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right leg seems weaker than the left leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal mri 8 years ago, meds.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal x-ray; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal xrays; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/20/2016; There has been treatment or conservative therapy.; Back and neck pain; Prescription meds at home exercise	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Altered gait, history of scoliosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Chronic low back pain, scoliosis; Medications	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain with radicular pain down both legs; very painful; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain, numbness tingling down right leg, MRI in 2013 showed bulging disc; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	BACK PAIN, SCIATICA FROM BACK INTO LEGS, PT IS TAKING NAPROXEN WITH NO RELIEF; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Base on his old MRI is does show that he did have some abnormal findings and in order for Dr. Cagle to refer him to a neurosurgeon to find out if anything can be done at this point a new MRI would have to be done.; This study is being ordered for a neurological disorder.; Patient started to notice that he was having trouble with his grip and was starting to drop thing in 12/2016.; There has been treatment or conservative therapy.; Patient is having numbness and tingling to hands and can not grip, states that he is losing his grip on things.; Patient was given home exercise with instruction on what to do and was informed of needing to rest, apply heat and ice when needed and was given anti-inflammatory medication and also pain medication.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Bone density test was Abnormal pt has thyroid tumor; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Bone density test was Abnormal pt has thyroid tumor; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	bulging Discs, Has sharp pains, muscle spasms. Can't sleep per spasms; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Can work because of it. Has scoliosis shown on x-ray; This study is being ordered for Congenital Anomaly.; 2016; There has been treatment or conservative therapy.; Chronic back, one leg is shorter then the other; Medications and back strengthing home exercises.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical fusion (2015), neck and back pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; Migraines, neck pain; Medications, pain management	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic back pain left limb numb; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; lortab	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain x 1.5 yrs, denies any injury, patient took diclofenac and flexeril x 2 months about 4 months ago without relief; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain, Patient states her neurologist told her to have Dr Pope order an MRI.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic back pain, previously abnormal mri in the past; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	Chronic back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic pain despit medications; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic pain to back and neck. has tried medication but does not help and gives him gi distress; This study is being ordered for a neurological disorder.; 08/19/2014; There has been treatment or conservative therapy.; chronic pain to back and neck. has tried medication but does not help and gives him gi distress; patient has seen a neurosurgeon and taken medications for pain and inflammation	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC RIGHT SIDED LOW BACK PAIN, CERVICALGIA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2016; There has been treatment or conservative therapy.; RADIATING PAIN TO THE ARMS AND SHOULDERS, ARM NUMBNESS, BILATERAL BUTTOCK PAIN AND NUMBNESS, LOWER BACK PAIN; CHIROPRACTIC AND NSAIDS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	complaints of severe low midline back pain with left sided sciatica due to an injury at work. Pt states she has tingling and numbness that radiates down her left leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

			Date of initial onset: 2006-2007; There has been treatment or conservative therapy.; Treatment/Conservative therapy: Patient has seen a neurosurgeon due to fusion and has done home therapies, TENS unit, and anti-inflammatories.; Primary symptoms: Bac; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2006-2007; There has been treatment or conservative therapy.; Back pain; cervicalgia, thoracic back pain with herniated discs. Severe pain. Limited range of neck, extremity numbness in bilateral arms and legs.; Patient has seen a neurosurgeon due to fusion and has done home therapies, TENS unit, and anti-inflammatories	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	degenerative disc disease; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	diagnosed lumbar disc degeneration. Low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
			Dx with neck pain and back pain; the discomfort is most prominent in the mid lumbar spine. This radiates to the buttocks. He notes some pain relief with rest. The pain worsens with back flexion, back extension, hip flexion, and hip extension. patient ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/04/2016; There has been treatment or conservative therapy.; Pain with range of motion; back flexion and extension, headaches, joint stiffness, neck pain, back pain that radiates to buttocks and leg; Patient is in Physical Therapy.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UnknownUNKNOWN; If No Info Given.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ER visit sciatica; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate for back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	evaluate for surgery; This study is being ordered for a neurological disorder.; 01/01/2016; There has been treatment or conservative therapy.; Pain and radiculopathy in neck and back, history of fibromyalgia; Medication, exercises, injections	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate nodule found on neck/spine; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; December 2016; There has been treatment or conservative therapy.; Abnormal x-ray, numbness and tingling; Medications, injections	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate reason for severe pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/30/2016; There has been treatment or conservative therapy.; Hip and groin pain and low back pain; Physical therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Experiencing chronic left sided low back pain with left sided sciatica; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	extreme pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	First visit for this issue was 12.23.16. Most recent visit was 1.5. From 1.5.17 visit - The right leg pain is going further down to his knee now, and is nearly constant. Prolonged sitting makes pain worse. Denies distal numbness, tingling, weakness; ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	follow-up from ER, back pain for 3 weeks no injury, hx of back pain w/ no surgery, pain radiating down left leg. Low back has spasm and limited ROM. negative x-rays done.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HAD INJUSRY ABOUT 6 MONTHS AGO. WORSE; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Has seen ortho and he recommended MRI. c/o (l) quad and hip flexor weakness. (r) foot numbness.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	having lots of pain , chronic back pain , gait is off; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Having pain that radiates down leg; pain level stays around 6 at all time; difficulty sleeping at night; unable to stand or sit for too long due to the pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History of back surgery; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hx total hip replacement 10yrs ago; sharp pain since 01/30/2016; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	last seen November with back pain that worsens, loss consciousness while standing, imaging shows normal, no known trauma, unable to lift leg to put on shoes, unable to get into car, nagging pain all the time.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lbp; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LEG PAIN FROM THE BACK GETTING WORSE OVER THE LAST NIGHT; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Leg pain which is poorly localized. She has had a moderately abnormal MRI in the past and this may be the source of her pain she says to light pain basically the entire leg. I do think it is important to go in and do a MRI of the lumbar spine to rule out ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain, hydrocodone, has done PT as well, reports sharp pains intermittently in her low back. Did go to the ED last month and had normal XR per her report. Pt has had MRI 9/2015 with L5-S1 mild disc protrusion. Pt denies weakness/numbness/tingling.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low Back Pain, Stopped morphine recently as it really was not helping much. Still on tramadol 1-2 pills a day, cyclobenzaprine 10 mg prn. Has been trying shots in her back that do not help. Not sure if she has ever had MRI, Pain is low back bilaterally. D; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbago with Sciatica of Left Side.   Bulging Disks in L3-S1 on MRI from 2015.   Pt is being referred to Specialist who requires more recent studies; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	lumbago with sciatica; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LUMBAR DISC DEGENERATION, BACK PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. Lumbar spine range of motion is moderate pain with motion.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mbr re injured herself; This study is being ordered for trauma or injury.; 1/2/2017; There has been treatment or conservative therapy.; back pain; medication, back brace	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	medications are not helping patient; This study is being ordered for a neurological disorder.; chronic headaches 11/1/2016; ; chronic low back pain 11/26/2014; There has been treatment or conservative therapy.; frontal HA's ; ; lbp with radiculopathy; anitbiotics and pain meds for chronic headaches ; ; ; medrol dose pak, naprosyn, pain meds for lbp	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	motor vehicle accident 2014. Pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mr. RICE is a 56 year old White male. This is a follow-up visit. He presents with low back pain, upper back pain, and neck pain. MVA 11/2/16 HPI: Low back pain noted. Reason for visit: This is a follow-up visit. other: MVA The discomfort is most prominent; This study is being ordered for trauma or injury.; Mr. RICE is a 56 year old White male. This is a follow-up visit. He presents with low back pain, upper back pain, and neck pain. MVA 11/2/16 ; ; HPI: ; ; Low back pain noted. Reason for visit: This is a follow-up visit. other: MVA The discomfort is mo; There has been treatment or conservative therapy.; Mr. RICE is a 56 year old White male. This is a follow-up visit. He presents with low back pain, upper back pain, and neck pain. MVA 11/2/16 HPI: Low back pain noted. Reason for visit: This is a follow-up visit. other: MVA The discomfort is most prominent; Physical Therapy, at home Therapy	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mrs. Pratt presents in follow up from hospital admission. She was admitted to the hospital on 11/15/16 and discharged on 11/18/16. She was diagnosed with Discitis L5-S1. The following lab tests were done: CBC (WBC 11.3, Plt 413), comprehensive metabol; This study is being ordered for trauma or injury.; 11/15/16; There has been treatment or conservative therapy.; constant, of moderate severity, and throbbing, bruising, numbness, stiffness and swelling. ; ; ; follow up from hospital admission. She was admitted to the hospital on 11/15/16 and discharged on 11/18/16. She was diagnosed with Discitis L5-S1; Zolof 50mg Tablet Take 1 tablet(s) by mouth daily ; Eliquis 5mg Tablet take two tab po bid ; Oxycodone HCl 10mg Tablet 1-2 q 6 hours prn pain ; Xanax 0.25mg Tablet 1 daily prn anxiety ; Promethazine HCl 25mg Tablet Take 1 tablet(s) by mouth q 4 to 6 hr	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n.a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/08/2017; There has been treatment or conservative therapy.; sharp pain in lower back that radiates to neck; PT, xray	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; PAIN, NUMBNESS, AND TINGLING.; HOME EXERCISES, MEDICATIONS, AND X-RAYS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a neurological disorder.; Jan 9, 2017; There has been treatment or conservative therapy.; lumbar - shooting pain from back down to legs cervical - pain from neck radiating into neck and arms; medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has been treatment or conservative therapy.; Can't raise arms over head without pain, pain radiates to lower back from neck, pain in lower back when walking and bending over.; Medication	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for trauma or injury.; 1/3/2016; There has been treatment or conservative therapy.; LOW BACK PAIN, PELVIC PAIN, DECREASED RANGE OF MOTION, MODERATE PAIN WITH MOTION, AND LUMBAR SPINE TENDERNESS, RIGHT HIP TENDERNESS. PAIN RADIATING ON THE RIGHT SIDE ALL THE WAY DOWN TO THE RIGHT FOOT. PELVIS TENDERNESS ALSO.; ANTI INFLAMMATORY, MUSCLE RELAXERS, AND PHYSICAL THERAPY.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain that has been going on since 11/14/2014 and getting worse; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain that radiates down arm, middle, and low back pain; This study is being ordered for trauma or injury.; Current pain started two months ago. The event precipitated this pain was a motor-vehicle accident (she was struck from behind, she was the driver.; It is not known if there has been any treatment or conservative therapy.; Additionally, she presents with history of chronic low back pain. the location is primarily in the lower lumbar spine. The pain radiates to the left and right foot. She characterizes it as intermittent, moderate in intensity, aching, and burning. She	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; About a year and a half ago.; There has not been any treatment or conservative therapy.; LBP and bilateral pain in hips radiating to LE's. Neurologic deficits, DTR=and bilateral LE.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1

			none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 08/24/2016; There has been treatment or conservative therapy.; pain; meds	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness weakness, severe pain, budging disc and scoliosis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
			Onset 10 days ago from 2/1/17; problem is worsening. Occurs persistently. Pain is in lower back. Injury occurred when lifting a heavy object. Sx are aggravated by daily activity and there is no relieving factors. Associated sx include decreased mobili; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has none of the above	1
			osteoporosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2015; There has been treatment or conservative therapy.; lower back pain, shoulder pain, upper back pain; anti-inflammatory, pain meds,	
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
			Our patient is experiencing lumbar radiculopathy and low back pain. Our patient has already had xrays. They did not show a cause for the pain. An MRI is needed to further diagnose and treat the patient efficiently.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain and radiating numbness; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; pain; medication	1
			Pain down right leg and right food Throbbing and cramping, Numbness and tingling; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain has increased, access for injections; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2014; There has been treatment or conservative therapy.; low back pain; medication, PT	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain in her low back She has had pain for months but much worse in last few day, has had tightness in both sides and she feels the pain going down her bilateral legs Laying down is relieving and standing makes worse, limited ROM, muscle aches, arthralgias; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain is increasing even with all the treatments; This study is being ordered for a neurological disorder.; 12/15/2015; There has been treatment or conservative therapy.; radiculopathy. DJD. muscle spasms; injections and pain management medications	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PAIN IS NOT GOING AWAY, PT DOES HOME THERAPY AND ORAL MEDICATIONS WITH NO RELIEF. PAIN STARTED 9/19/16; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain radiates down her right leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain radiating down to lower extremities; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain radiating to the left leg(s); pain radiating to back of left leg(s),worsening; interference with sleep; interference with work, (more than 10 yrs), Lumbago with sciatica - Left - this is chronic; The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>pain with lifting and sitting,pain radiates to bilateral shoulder blades&#x0D; istory of Present Illness:&#x0D; 1. back pain &#x0D; Onset: 1 week ago. The problem is worsening. It occurs persistently. Location of pain is upper back, middle back and lower back. Pain is ; This study is being ordered for a neurological disorder.;</p> <p>01/24/2017; There has been treatment or conservative therapy.;</p> <p>Physical Exam Findings: Tingling in lower extremities; generalized weakness in lower extremities. Gait changes,back pain aggravated by daily activities,numbness,tremor,neck pain,muscle weakness; following procedure(s) completed today Anodyne was performed on the Thoracic region(s), CMT 1-2 Spinal Regions , Electrical Stimulation Constant Attendance was applied to the Cervical and Thoracic regions for minute(s), Ice pack was applied to the Thora</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>PATIENT FELL DOWN SOME STAIRS BACK IN DEC 2016, SINCE THEN SHE HAS BEEN HAVING BACK PAIN THAT IS NOW RADIATING INTO HER LEGS; The study requested is a Lumbar Spine MRI.;</p> <p>The patient has acute or chronic back pain.;</p> <p>The patient has none of the above</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient had a back injury; The study requested is a Lumbar Spine MRI.;</p> <p>The patient has acute or chronic back pain.;</p> <p>The patient has none of the above</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient had a MVA, and her back now hurts; The study requested is a Lumbar Spine MRI.;</p> <p>The patient has acute or chronic back pain.;</p> <p>The patient has none of the above</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient had a pop to the back; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>1/14/2017; There has been treatment or conservative therapy.;</p> <p>headache, pain in neck, shoulders, numbness bilaterally in finger tips, numberless and tingling in right leg, pain in left hip ; medication, anti-inflammatory, pt</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient had an abnormal CT of abdomen and pelvis, showed post surgical changes of the lumbar spine at the level of L5-S1 and mild to moderate degenerative disease at the level of L3-L4. Low back pain as well.;</p> <p>The study requested is a Lumbar Spine MRI.;</p> <p>The patient has acute or chronic back pain.;</p> <p>The patient has none of the above</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>PATIENT HAD BACK SURGERY IN THE PAST - NOW THE LOWER BACK PAIN IS WORSE WITH RADICULOPATHY GOING DOWN LEFT LEG; The study requested is a Lumbar Spine MRI.;</p> <p>The patient has acute or chronic back pain.;</p> <p>The patient has none of the above</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient had lumbar disc surgery in 1995 for L4-5.;</p> <p>The study requested is a Lumbar Spine MRI.;</p> <p>Neurological deficits; The patient does have new or changing neurologic signs or symptoms.;</p> <p>There is weakness.;</p> <p>straight leg raises weaker bilaterally; The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>The patient does not have a new foot drop.;</p> <p>There is not x-ray evidence of a recent lumbar fracture.</p>	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been doing home exercises also taking 4 OTC motrin 3times a day without relief; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been experiencing left flank pain on/off.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has been having back pain for about one year. It has flared up over the last 3 to 4 months. he has had no type of physical therapy nor medication. Upon exam: Musculoskeletal: straight leg-raise pos on right; Deep tendon reflexes are 2+ at kn; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been medications and the RX are not working; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has been on Mobic, tramadol, methocarbamol, steroids, and flexeril; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2016; There has been treatment or conservative therapy.; Progressive neck pain with pain and numbness radiating to the right hand. Also experiencing worsening low back pain with radicular symptoms of the left leg. Limited range of motion. Joints overall hurting more. NAD; Neck with limited range of motion.; Patient has tried Physical Therapy and has been to pain management	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has been persistently having low back pain for over 4 wks now. she has had concervative tx and the pain is worsening; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has done 6 weeks of physical therapy as well as 6 weeks of nsaid; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had a chronic low back pain since 05/10/2016 patient has tried medication such as Tylenol #4 and muscle relaxer flexeril and Robaxin with no relieve. Patient has also tried 6 weeks of Physical therapy no relieve as well. Patient presented to u; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has had chronic low back pain with pain radiating down in to legs and feet causing numbness and tingling in feet and toes. Sometimes hard time to walk and can't sit for long periods of time; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had worsening lumbar pain that radiates down both legs in the past 3 months. She can not find a comfortable position and pain worsens significantly with crossing her legs.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has lower back pain w/ muscle spasms. Soft tissue stiffness. Palpation of the lumbosacral spine revealed abnormalities, exhibited muscle spasms. Pain was elicited by motion.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has tried a conservative regiment of prescriptions and intracapsular injections for more than 6 weeks with no pain relief. She now is having difficulty with balance and pain is increasing.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAVING TENDERNESS ACROSS LOWER BACK.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is a candidate for epidural steroid injections. X-ray done January 2017 indicated degenerative changes in thoracic spine.; This study is being ordered for a neurological disorder.; 01/17/2015; There has been treatment or conservative therapy.; Burning sensation between scapulae. Midline upper back pain that radiates to bilateral scapula. Mid thoracic spine exhibited tenderness on palpation. Pain demonstrated with extension and rotation. Strain of muscle and tendon of back wall of thorax. Thorac; Patient attempted Physical Therapy, but was unable to continue due to back pain.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is a candidate for surgical evaluation.; This study is being ordered for a neurological disorder.; 01/13/2002; There has been treatment or conservative therapy.; Neck pain in right trapezius and extends into shoulder. Lower back pain radiating to the legs, worse on the right, posteriorly, and chronic duration. The lower back exhibited moderate tenderness on palpation. Pain demonstrated with extension and rotation.; Previously treated with Chiropractic Therapy-which didn't help. Previously treated with Corticosteroid Injections-which didn't help. Previously treated with Medication-which helped.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having burning pain in Bilateral legs. Worse at night She is having trouble sleeping. She said her Right leg is worse than the left; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having lower back pain on his right side, says it radiates down to his testicle area. He had a back injury in November he went to the Emergency Department he was given pain medications which has not helped. He has tried muscle relaxer which hav; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is on Pain Meds and Muscle Relaxers; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents for follow-up of chronic back pain. She has had chronic pain since teenager resulting in lumbar discectomy and long-term pain management. She reports back pain is slowly worsening with increased activity at work and caring for her disable; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents for low back pain. Patient states the pain is persistent and is radiating to the legs, left greater than right. Patient has had CT Lumbar Spine on 5/16/2016 which showed significant degenerative change, decreased disc space, subchondral ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents with pain and no known injury. Patient states OTC medication is not helping with pain and prescription medication is not helping with pain either. Patient is going to Physical Therapy now and MRI is needed to ensure there is not an underl; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was in a mva and having pain and need farther evaluation; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient was moving some boxes and experienced lower back pain that is now radiating into her lower legs bilaterally.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient with chronic back pain for over 5 years. xray shows 2 vertebrae compressed.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with lumbosacral disc degeneration.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT XRAYS DONE 02/27/17 WITH NORMAL FINDING. PT WITH CONSTANT PAIN X 1 MONTH .RADIATING TO LEFT THIGH AND TAILBONE.CANT DO HEAVING LIFTING AND STANDING HELP SITTING DOWN IN NOT TOLERABLE TO PT. GIVEN STEROIDS WITH NO HELP OR IMPROVEMENT. GIVE ON 03/02; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patients X-ray in 2016 showed minor chronic degenerative change and its progressively gotten worse. Patient is still having a lot of low back pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient's x-ray showed stable degenerative disc changes at L5-S1 and stable mild bilateral SI degenerative changes .; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Per Doctors clinic note, constant, sharp, present at rest, present when bending, present with ambulation. Peripheral pulses diminished decreased ability to left right leg, abnormal to soft touch on the right lateral right leg to the medial at 1st through ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Persistent diffuse low back pain which worsens throughout the day. Pain is unimproved with IM steroid injection. Lower back pain bilaterally, lumbar spine painful on movement, lumbar pain on palpation, chronic duration, and pain is significantly effecting; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Persistent low back pain radiating to lower extremities. Reports numbness when using the toilet. Xray showed normal spinal curvature, disc spaces, and vertebral bodies. No vertebral compression deformity, spondylolisthesis, or bone destruction. Patient re; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	positive straight leg raise, pain down left leg with weakness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; severe pain in left leg with weakness, has been treated with steroids without relief, positive straight leg raise; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	possible surgery; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	previous history of back/disc surgery; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; positive straight leg raise, left leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	previous MRI- 1 year ago showed disc herniation and foraminal stenosis. we need this study for neurosurgery to evaluate. patient reports worsening low back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt c/o low back pain. 8/10 intensity just to the right lower extremity, progressively getting worse. pt is positive for tingling and numbness to right lower extremity. pt does have a previous hx of L3/L4,L5/S1 disc degeneration, mild to moderate. pt is on; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt complains of pain back left hip radiating down left leg. Pt has been seen by a neurosurgeon in the past. States c/o of a pinched nerve in neck.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt complains of spasm, had trauma to the site 3 years ago, has been passing blood for the past 3 days. Pt says that he is unable to move for the past 3 weeks (walk, or work); The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt did have abnormal results for T spine CT, Abd and Pelvis CT; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt fell off of a ladder (approx 3 ft) landing on lower back area on a brick.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had tried physical therapy and pain medications that have not worked. pt ad x rays done that did not show abnormalities.; This study is being ordered for trauma or injury.; first treatment 12/30/2016  no date given; There has been treatment or conservative therapy.; low back pain with radiculopathy right hip pain that feels like bruising; pain medications and physical therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has chronic back pain that is getting worse, radiates down into the right leg, has decreased range of motion and pain with back flexion; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has chronic low back pain with radiculopathy, numbness, slowed gait. She has hx of lumbar surgery.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; low back pain, radiculopathy, numbness, history of laminectomy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had an abnormal MRI in the past, Leg pain MDO is trying to rule out neurological developments and if its negative then MDO would refer the member to an orthopedic specialists.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had back pain for 10 years with known herniated disc disease. Pt has had gradual worsening of symptoms with pain radiating into lower extremities.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had MRI in the past and reports both bulging discs and herniated discs. Was not able to do anything about it at the time. Saw a Neurosurgeon few years back and was told too young for surgery. Did Physical therapy 2 years ago and it did not help.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has loss of displace at L5 S1; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of LE and pain radiating to the buttocks; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt having lumbar back pain that radiates in bilateral hips. Pt has cramping along lumbar spine.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt was thrown across back of couch and felt something pop in lower back. Pain radiates down right leg to knee. Hurts worse to stand for long periods of time. Pain goes down to foot on left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt. having numbness, paresthesia.; This study is being ordered for a neurological disorder.; Pt. states that numbness has been going on for months.; There has not been any treatment or conservative therapy.; pt. is having numbness and pain in neck and low back pain.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. taking medications; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radiating pain and numbness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiculopathy down R leg with increased pain in last 2 weeks; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiculopathy, lumbar region (M54.16). He was educated and given his treatment options. I will start him off with a prednisone taper and range of motion exercises. I recommend core strengthening and weight loss. I offered a physical therapy evaluati; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/07/2016; There has been treatment or conservative therapy.; Chronic back pain migraines; Pain medication rx medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	recurrent radicular symptoms. Numbness and tingling in left side. Over the weekend this began in R side. Narrowing in L5-S1 seen on xray; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain in left lower back and upper left leg, tingling and numbnessexam findings. is now experiencing symptoms in right side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Right upper quadrant surgical clips. Apparent transitional lumbar vertebra and lateral view no fracture or subluxation but decreased intervertebral space at L1-2.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	see attached; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; stretching	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe and worsening lower back pain, radiating into right leg. Pain is sharp and stabbing, with tingling into right leg. Symptoms are worse with movement. She is interested in seeing a neurosurgeon if necessary. Pain interferes with her ADLs, on a da; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	SEVERE BACK PAIN, THAT RADIATES THROUGH HER BILATERAL LEGS.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe low back pain radiating down bilateral lower extremities causing numbness and tingling. Pain is limiting range of motion.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; BACK: limited range of motion due to pain and muscle spasms of the lower lumbar spine, there is moderate tenderness over the SI joints bilaterally, there are no focal point tender areas.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe pain leading to transport to hospital; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; cyclobenzaprine,ultram and naproxen	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 months ago; There has been treatment or conservative therapy.; neck pain that radiates down both arms and low back pain that radiates down both legs; medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She has scoliosis and degenerative spondylosis, chronic back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	So she can be sent to a neurologist and/or neurosurgeon.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; off and on since 2007. Patient is worse now and is dropping things and falling.; There has been treatment or conservative therapy.; Pain in shoulder blades with numbness, low back pain with legs going numb where she falls and dropping things frequently.; Mobic, Requip, Tramadol and NSAIDs.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	some mild curvature, decreased intervertebral space L4-5 and L5-S1; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Spine; Movements - Range of motion decreased, Movements painful, Flexion restricted and Flexion painful. Neurological Present- Numbness (PULLING SENSATION AND NUMBNESS IN LEFT 1ST AND SECOND FINGERS WITH ASSOC NUMBNESS IN LEFT 5TH AND 4TH DIGITS IN ULNAR D; This study is being ordered for a neurological disorder.; Unknown Months ago; There has been treatment or conservative therapy.; leg pain. Symptoms include leg pain (left), swelling (left knee), difficulty bearing weight and difficulty ambulating. The pain radiates to the left thigh, left knee and left lower leg. Onset was month(s) ago. Hand pain has been gradual and been occurring; THER/PROPH/DIAG INJ, SC/IM (96372); TORADOL 15 MG (J1885) (4 Units); Started PredniSONE 10MG, 1 (one) Tablet daily, #7, 7 days starting 02/25/2017, No Refill; Changed PredniSONE 50MG, 1 (one) Tablet daily, #7, 7 days starting 02/28/2017, No Refill.; FMG H	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	STIFFNESS AND NUMBNESS IN LEGS; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Straight leg raises done, no pain in R and raised it to about 70 degrees, L was unable to get beyond 45 degrees without pain, with; R knee flexion pt had no pain with flexion, abduction or adduction, with L knee flexion pt had no pain with adduction but; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Feb 16th 2017; There has been treatment or conservative therapy.; Straight leg raises done, no pain in R and raised it to about 70 degrees, L was unable to get beyond 45 degrees without pain, with; R knee flexion pt had no pain with flexion, abduction or adduction, with L knee flexion pt had no pain with adduction but; PT and medication	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	suspected pinch nerve or bulging disc; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness to extremities bilaterally due to sudden onset neuropathy to legs and feet; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Suspected spinal lesion; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tenderness Muscle Spasms; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient description - Unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient reports pain as radiating through posterior and lateral buttocks/hip and burning down her right leg. She says it is worse when lying down.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient was seen in the clinic on 2/14 complaining of back pain & right knee pain. Clinic performed an xray. The xray findings were abnormal. MRI testing was recommended for further evaluation.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The pt. has had ongoing back pain since giving birth in 2013. The pain radiates upwards and to BLE.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	12
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	9
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	this is a double study which means automatic review/will just fax notes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; this is a double study which means automatic review/will just fax notes; There has been treatment or conservative therapy.; this is a double study which means automatic review/will just fax notes; this is a double study which means automatic review/will just fax notes	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	THIS PATIENT IS A NEW PATIENT WHOM PRESENTS TO CLINIC WITH LOW BACK PAIN WITH RADICULOPATHY.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	TO LOOK FOR ABNORMALITIES THAT CANNOT BE SEEN ON REGULAR XRAYS; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; PAIN, NUUMBNESS AND TINGLING IN AREAS OF CONCERN AND DOWN ALL EXTREMITIES; CHIROPRACTIC	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	trauma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/31/2017; There has been treatment or conservative therapy.; low back pain radiating down leg; x ray which were negative	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; unknow; It is not known if there has been any treatment or conservative therapy.; headaches, confusion, low back pain	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown.; This study is being ordered for a neurological disorder.; 08/17/2016; There has been treatment or conservative therapy.; Pain radiating with tingling and numbness; Patient has been on prescription medication for pain	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; naprosyn	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness; unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	7
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 6 months; There has been treatment or conservative therapy.; numbness, tenderness, neck and back pain, limited range of motion,; medication,	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/03/2016; There has been treatment or conservative therapy.; PAIN, NUMBNESS DOWN BOTH LEGS; MEDICATIONS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/05/2017; There has been treatment or conservative therapy.; back pain. tingling and numbness.; physical therapy. pain medication.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/24/17; There has not been any treatment or conservative therapy.; low back pain that radiates,	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/25/2017; There has not been any treatment or conservative therapy.; neck and back pain	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/15/2016; There has been treatment or conservative therapy.; back pain with radiculopathy; Ibuprofen	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/01/17; It is not known if there has been any treatment or conservative therapy.; low back pain radiating down both legs and into groin area with numbness and tingling. Urinary issues	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/24/15; There has been treatment or conservative therapy.; back pain; physical therapy and medications	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; First appointment with ordering 01/31/2017. Patient Reports onset of symptoms began 1.5 years ago after a MVA.; There has been treatment or conservative therapy.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pt's first complaint of pain was 12/23/16.; There has been treatment or conservative therapy.; Pain in neck and entire back, bursts of pain that start in mid back and radiate down both legs, causing numbness in both legs.; Oral pain reliever medications were started on 12/23/16, pt reports no relief while taking these meds.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 1 month; It is not known if there has been any treatment or conservative therapy.; Back pain,neck pain, hip pain	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	we have done several xrays on all body parts that are affected but this pt still doesnt have any relief with any thing that we try. we are wanting to get a mri of all parrts to see if anything could be wrong with this pt that we can not see on plain film.; This study is being ordered for Inflammatory/ Infectious Disease.; prior to 04/27/2016; There has been treatment or conservative therapy.; severe pain in his lower back that radiates to his legs. pt also has severe pain in both knee's that's rates a 8/10 most days.; pt has had physical therapy and has been placed on ns aids for more than or equal to 6 weeks	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	weakness (generalized weakness to each upper ext especially when twists in certain way, and generalized weakness to both lower ext when on feet excessively) and headache (generalized), low back pain, neck pain with certain movment, tenderness paraspinal l; This study is being ordered for a neurological disorder.; January 13, 2017; There has been treatment or conservative therapy.; low back pain, Headache, weakness (generalized weakness to each upper ext especially when twists in certain way, and generalized weakness to both lower ext when on feet excessively) and headache (generalized); Suggested OTC meds and continued PT/chiropractic care and recommendations from them	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	will FAX; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	WILL REFER TO PAIN MANAGEMENT PROVIDER FOR EVALUATION AFTER MRI STUDIES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; INITIALLY SEEN 07/11/2013 FOR LOW BACK PAIN; There has been treatment or conservative therapy.; LOW BACK PAIN WITH RADICULOPATHY, THORACIC PAIN GETTING INCREASINGLY WORSE; PAIN MEDICATION, AT HOME BACK EXERCISES	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X rays done in the ER; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X rays show degenerative changes. Spondylosis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Oct. 12, 2016; There has not been any treatment or conservative therapy.; Chronic neck and back pain. Going on longer then 3 months.	1
Disapproval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a pelvis CT angiography.	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	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.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	2
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered due to known or suspected infection.; It is not known if the ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient.; "The caller does not know whether there are active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "Caller does not know whether there are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "Caller does not know if there are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mr. HARPER presents with a diagnosis of low back pain. This was diagnosed years ago. The course has been episodic. It is of moderate intensity. He estimates that the frequency of symptoms is yearly. The typical duration of an episode is quite variabl; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1

Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient had trauma to pelvis and has extreme groin pain.; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is NO physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is unable to completely empty her bladder. US of bladder shows partial outlet obstructive process of bladder.; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/18/2017; There has been treatment or conservative therapy.; mbr has pain in back and both hip but mainly on the Left Hip; medication and x ray with degenerate changes	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/16; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medications and home excise	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/2016; There has been treatment or conservative therapy.; Left hip pain and lower back; Home exercises and medications	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/15/2017; There has been treatment or conservative therapy.; Hip and lower back pain, issues with gait, Tender left side.; CT, medications	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Already had 2 lesions on the liver; u/s showed the size has changed; new liver on the kidney; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Abnormal ultrasound done on 1/23/2017; There has not been any treatment or conservative therapy.; Lesions seen on u/s arthralgia of the pelvis/hip/femur; pain in left hip and back; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	bi- lateral hip pain, hurts when twisting or moving; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	HPI Comments: Patient is here today with concerns that a recent CT of the abdomen/Pelvis did show that she had a 1 mm lesion on her pancreas and they recommend that she get an MRI.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for trauma or injury.; 1/3/2016; There has been treatment or conservative therapy.; LOW BACK PAIN, PELVIC PAIN, DECREASED RANGE OF MOTION, MODERATE PAIN WITH MOTION, AND LUMBAR SPINE TENDERNESS, RIGHT HIP TENDERNESS. PAIN RADIATING ON THE RIGHT SIDE ALL THE WAY DOWN TO THE RIGHT FOOT. PELVIS TENDERNESS ALSO.; ANTI INFLAMMATORY, MUSCLE RELAXERS, AND PHYSICAL THERAPY.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	None.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; About a year and a half ago.; There has not been any treatment or conservative therapy.; LBP and bilateral pain in hips radiating to LE's. Neurologic deficits, DTR=and bilateral LE.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	1/1/2014; There has been treatment or conservative therapy.; low back pain; medication, PT	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	PATIENT'S LEFT HIP PAIN IS GETTING WORSE EACH DAY.; This study is being ordered for a neurological disorder.; NOVEMBER 30, 2016 PATIENT WAS HAVING HORRIBLE LEFT HIP PAIN; There has not been any treatment or conservative therapy.; SEVERE PAIN IN LEFT HIP	1

Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	pt has right side pain and history of kidney stones.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	RIGHT LOWER QUADRANT ABDOMINAL PAIN SINCE 01/01/2016; FURTHER EVAL RADIOLOGIST RECOMMENDED MRI TO COMPLETELY RULE OUT SPORTS TYPE HERNIA; ; The injury occurred 1 year ago. Symptoms related to the injury have worsened. The patient denies any history of t; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Straight leg raises done, no pain in R and raised it to about 70 degrees, L was unable to get beyond 45 degrees without pain, with; R knee flexion pt had no pain with flexion, ; abduction or adduction, with L knee flexion pt had no pain with adduction but; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Feb 16th 2017; There has been treatment or conservative therapy.; Straight leg raises done, no pain in R and raised it to about 70 degrees, L was unable to get beyond 45 degrees without pain, with; R knee flexion pt had no pain with flexion, ; abduction or adduction, with L knee flexion pt had no pain with adduction but; PT and medication	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/01/17; It is not known if there has been any treatment or conservative therapy.; low back pain radiating down both legs and into groin area with numbness and tingling. Urinary issues	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 1 month; It is not known if there has been any treatment or conservative therapy.; Back pain,neck pain, hip pain ; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; This is a request for an Arm CT Non Joint; Yes this is a request for a	1
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Diagnostic CT	1

Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	MOVEMENTS ARE PAINFUL WITH ABDUCTION WITH EXTERNAL AND INTERNAL ROTATION; This study is being ordered for trauma or injury.; 12/15/2016; There has been treatment or conservative therapy.; PT HAS PAIN IN THE THORACIC SPINE WHICH MAKES MOVEMENTS PAINFUL AND SITTING AND STANDING FOR PERIODS OF TIME VERY DIFFICULT. ALSO NUMBNESS AND TINGLING; PHYSICAL THERAPY HAS BEEN COMPLETED FOR 6 WEEKS PLUS MEDINCINES WITH NO CHANGE	1
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	physician wants to evaluate for tear in tendon or muscle; This study is being ordered for trauma or injury.; 02/02/2017; There has not been any treatment or conservative therapy.; Patient with severe bruising and swelling to right arm	2
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	3
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/03/2016; There has been treatment or conservative therapy.; PAIN, SWELLING, AND NUMBNESS; MEDICATIONS AND STEROIDS...HE FAILED BOTH	1
Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1

Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 02/20/17; There has not been any treatment or conservative therapy.; left knee pain and swelling, swelling and pain for left elbow	1
Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 12/23/2016; There has been treatment or conservative therapy.; right elbow pain, right arm weakness and pain.; Ice and heat, Biofreeze, over-the counter medications, Prescription. Limit the use of arm and pain Is worsening	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically		1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; over the counter anti inflammatory; The patient received medication other than joint injections(s) or oral analgesics.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	4
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	2
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/3/2016; There has been treatment or conservative therapy.; mbr unable to life anything and numbness with tingling in arms; medication	2

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/03/2016; There has been treatment or conservative therapy.; PAIN, SWELLING, AND NUMBNESS; MEDICATIONS AND STEROIDS...HE FAILED BOTH	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-01-2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; insaids and exercises	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2017; There has not been any treatment or conservative therapy.; weakness numbness pain	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3days ago; There has not been any treatment or conservative therapy.; lower back w/numbness and tingling down legs popping in left & right shoulder sharp pain w/motion while sleeping weaknes	2
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/13/2016; There has been treatment or conservative therapy.; CHRONIC PAIN; ORAL MEDICATION	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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 not a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Heating pad  Ice packs epsom salt soaks; It is not known what type of medication the patient received.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; shoulder pain diffuse not well localized worse with over head activities, Radiation of pain to the neck; There has not been any treatment or conservative therapy.; pain in neck she has noticed when she turns her head a certain way she has pain in Rt arm	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is having abd pain. She has a known Renal mass that is growing in size. Patient also having Right Shoulder Pain; There has been treatment or conservative therapy.; Abd pain and right Shoulder pain; Patient first started with this pain in Sept 2016 and went to the emergency room they did a CT and seen the renal mass. The mass has grown since the CT in 2013	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	2
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 11/2015; There has been treatment or conservative therapy.; pain, stiffness, limited range of motion; anti-inflammatory medication, physical therapy	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	1. Shoulder pain  Onset: 3 to 4 years ago. Location: right shoulder. The pain is aching. The pain is aggravated by lifting. Hand Dominance: right. Additional information: Pt reports that his shoulder pops when he moves it. He can no longer bench pre; This study is being ordered for trauma or injury.; SHOULDER 3-4 YEARS AGO KNEE 7-8 YEARS AGO NEITHER ONE EVER SCANNED; There has been treatment or conservative therapy.; R SHOULDER DECREASED ROTATION AND ABDUCTION/POPS WHEN MOVED/NUMBNESS R KNEE LATERAL JOINT LINE TENDERNESS/JOINT POPS/LOCKS UP PAIN; PHYSICAL THERAPY abnormal x-ray; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Chronic right shoulder pain. Worsened with increased motion. Range of motion limited. Can't extend past 90 degrees.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Continued pain after conservative TX of anti-inflammatory and steroids, cold press TX on regular basis at home w/ minimal relief of pain, Pt c/o pain that radiates up back and neck, X-Ray was negative; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	ddd c-spine, paresthesia to l arm, l shoulder internal derangement; This study is being ordered for trauma or injury.; 03/03/17; It is not known if there has been any treatment or conservative therapy.; ddd c-spine, paresthesia to r arm, l shoulder internal derangement	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown HPI Complains of right shoulder pain and right knee pain onset 10 days after fall directly on knee cap and hurt right shoulder with hyperextension backwards. She has gained some range of motion to right shoulder. Sw; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	limited rom in shoulder; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	neg xray of r shoulder.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	none given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-23-2017; There has not been any treatment or conservative therapy.; Right shoulder pain, cough, back pain none; The requested study is a Shoulder MRI.; The pain is from a recent injury.;	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	None; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pain going for a month; decreased ROM. xray was done, no fracture, etc. can NOT close his hand, had to quit work; pain 10/10.; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pain in shoulder is throbbing and aching. Radiates into right biceps. Pain is worse with movement of right arm. Especially with abduction. He can not raise his right arm above his head and cannot reach behind him.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pain so bad can hardly move arm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 15 years ago; There has been treatment or conservative therapy.; shoulder and neck pain, limited range of motion,; medication, pt, anti-inflammatory	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient continues to have alot of right should pain, has tried and failed PT, 2nd to pain. Failed NSAIDS OTC and prescription brands. Limited ROM worse now than before. Normal xrays.; The requested study is a Shoulder MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient had a 4 wheeler (ATV) accident while Deer Hunting; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has been given a brace to stabilize but didn't work; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Home exercises and over the counter medications and stayed the same did not help; The patient received oral analgesics.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has had x-rays done that were normal. The stretches and exercise are not helping with the pain. patient wanting to get further images and possible a referral to see a specialist due to interfering with his daily task at work.; This study is being ordered for a neurological disorder.; symptoms started in August 2016 with sharp pains in both shoulders causing pain to radiate down both arms causing numbness and tingling in fingers; There has been treatment or conservative therapy.; pain in both shoulders when moves around which radiates pain going down both arms causing numbness and tingling in ring and middle fingers. He admits to repetitive movements while at work.; Patient was giving neck and shoulder stretches and exercising to try to see if that would eliminate the pain.along with Lyrica	2
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING LEFT SHOULDER PAIN WITH DECREASED MOTION.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient is new to Dr. Sookdeo, on exam he was found to have tenderness, limited ROM, decreased flexion/extension, popping/clicking patient reports pain inleft shoulder; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient presented in office with pain to left shoulder with pain on level 8 of 10 with movement. Patient stated shoulder has been hurting for years. Patient states when shoulder moves it sounds like Velcro tearing.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Diclofenac sodium, tablets, delayed release, BID; The patient received medication other than joint injections(s) or oral analgesics.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient says, "it feels like it did when I tore my right rotator cuff."  He presents with history of shoulder pain. he complains of left shoulder pain. The location of the pain is generalized.The apparent precipitating event was lifting. Nothing seems; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient with LT shoulder pain, limited ROM following injury. Patient was seen in the ER on 01/11/17 and x-ray was taken at that time. X-ray did not show any bone or joint abnormality. At follow up appointment on 01/12/17 the clinical exam was as follows:; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Popping with movement, LROM and tingling in the hand.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	possible separation/subluxation of left side of clavicle/sternum; This study is being ordered for trauma or injury.; 10/18/2016; There has been treatment or conservative therapy.; Left Shoulder pain , possible separation/subluxation of left side clavicle/sternum.; Physical therapy for 6 weeks, he is also a construction worker works with both arms daily, has tried treatment medications not improved	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt c/o numbness radiating down (l) arm. c/o (l) shoulder pain.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt complains of right shoulder pain for the last few weeks after an injury.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt has had elbow pain for 6months. He has know known elbow injury. He has tried compression and anti-inflammatories w/no relief.; The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt having right shoulder pain; injury was 6 months ago; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pt reports left shoulder pain, no tingling or numbness. pt was sent to orthopedic surgeon, and was put on medication but pt says that the medication did not help.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pt was taking meds; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	RIGHT SHOULDER PAIN, RIGHT ARM PAIN. NO THERAPY, STARTED MOBIC 02/20/2017, BUILDING A FENCE AND PULLED MUSCLE RIGHT UPPER ARM, RIGHT HUMMEROUS BRUISE 4x4, XRAY NORMAL, RIGHT SHOULDER DECREASED ROM; This study is being ordered for trauma or injury.; RIGHT SHOULDER PAIN, RIGHT ARM PAIN. NO THERAPY, STARTED MOBIC 02/20/2017, BUILDING A FENCE AND PULLED MUSCLE RIGHT UPPER ARM, RIGHT HUMMEROUS BRUISE 4x4, XRAY NORMAL, RIGHT SHOULDER DECREASED ROM; There has not been any treatment or conservative therapy.; RIGHT SHOULDER PAIN, RIGHT ARM PAIN. NO THERAPY, STARTED MOBIC 02/20/2017, BUILDING A FENCE AND PULLED MUSCLE RIGHT UPPER ARM, RIGHT HUMMEROUS BRUISE 4x4, XRAY NORMAL, RIGHT SHOULDER DECREASED ROM	2
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Severity level is moderate-severe. It occurs constantly and is worsening. Location: bilateral shoulder. There is no radiation. The pain is aching. Context: heavy manual labor. The pain is aggravated by lifting and movement. Associated symptoms incl; This study is being ordered for a neurological disorder.; first visit 1/17/2017; There has been treatment or conservative therapy.; right and left shoulder impingement syndrome, chronic right and left shoulder pain; Steroid injections and pain medication	2
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	shoulder pain and numbness; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	2
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	4

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; (L) shoulder pain radiating up to neck. Unable to sleep on (L) side due to pain. Hx of an injury that occurred years ago during swimming lessons. On exam tenderness to (L) anterior shoulder, pain and weakness with rotator cuff testing.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Abnormal flexion, flexion, abduction, adduction, tenderness on biceps and posterior right shoulder.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Acute Left Shoulder pain with decreased range of motion, tenderness, pain, spasm and decreased strength.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; bypass	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; DR SUSPECTS ROTATOR CUFF TEAR	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Mr. Johnson feel from a tree stand approximately 1 month ago. He has had continued pain and unable to lift arm above head or supinate the R arm.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pain in shoulder for greater than 2 months, unable to perform full Passive ROM in R shoulder, pain has not improved with rest or NSAIDs. Failed Empty can test	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pain with movement	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient presents complaining of right arm pain. Patient states pain is 6/10 and that pain in shoulder interferes with ROM and wakes her up at night. No know injury. During review of system Tinel's test is positive on the right with mild atrophy of the ri	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient presents with left arm numbness and has discoloration of the left little finger.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt reports known torn rotator Cuff	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt was bowling when he felt a ripping sensation to the right shoulder. Since then he has experienced bruising and swelling to the right upper extremity	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PT. has had ongoing right shoulder pain. He states that he has been experiencing tenderness to right cuff and ac area.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; SHOULDER PAIN,MOD SHOULDER PAIN,JOINT TENDERNESS,LEFT ROTATOR CUFF AND IMPINGEMENT SIGNS,NORMAL X-RAY,DECREASED MOBILITY,MUSCLE WEAKNESS	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; unknown	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; N/A	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; pt has family history of tumor in arm. doctor would like MRI to assess for any soft tissue tumors.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; RHEUMATOID ARTHRITIS, Left shoulder pain for at least 4 months, getting worse and has trouble lifting left arm above shoulder. Has a burning neck pain at times. no contractures, malalignment, bony abnormalities, or tenderness (to palpation of left should	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; rt shoulder pain that is keeping her awake, arm pain on exertion, rt shoulder pain on passive and active rom, Neurologic: numbness and tingling	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; unknown	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; shoulder pain after an injury, abnormal xray; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	3
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; left shoulder internal derangement	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Left upper back pain radiating to the shoulder over the last 3 weeks, no direct injuries, limited range of motion secondary to pain	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; PAIN IN BILAT SHOULDERS. PROB W/LEFT A LONG TIME, BUT NOW RT ONE IS STARTING TO BOTHER ME. complaint of Shoulder pain. The onset of the shoulder pain has been gradual and has been occurring in a persistent pattern for months. The course has been increas	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; PATIENT HAS LIMITED ROM AND IS IN SEVERE PAIN WITH RIGHT SHOULDER	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has reported left shoulder pain for the last five months. With numbness and tingling going down his left arm and hand.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient states that she has been having right shoulder pain for 6 months and the pain has gotten worse to the point of affecting daily activities and sleep. Patient states the pain is intermittently hurting. Right shoulder has moderate tenderness at super	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt has had shoulder pain for 5 months.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt has had shoulder pain for one month that has gotten worse despite limited use.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	3
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	5
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; the home exciser was not successful.; ibuprofen; The patient received medication other than joint injections(s) or oral analgesics.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Unknown; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Congenital Anomaly.; 2/18/2017; There has not been any treatment or conservative therapy.; constant left shoulder pain radiating all the way down to fingers, burning and tingling	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/1/17; There has been treatment or conservative therapy.; Joint tenderness, locking, pain, swelling, spasms, tingling in the arms, weakness; Medication	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; patient is having neck pain, shoulder pain, numbness down arms; patient has had medication and exciser and steroid injections.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	WAS REFERRED TO AN ORTHOPEDIC DR. ROEDER.  DR ROEDER WOULD LIKE TO HAVE A MRI OF LEFT SHOULDER.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; ULTRAM 50 MG ORAL TABLET 1-2 TABLET BY MOUTH EVERY 6-8 HOURS; The patient received medication other than joint injections(s) or oral analgesics.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	weakness ad patient can not raise her arm; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a year; There has been treatment or conservative therapy.; pain/in feet and heel base; OCT medication / 2 X rays done	2

Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	pain with no relief for several months; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/10/16; There has been treatment or conservative therapy.; low radiating back, bilateral hip pain/ arthralgia -back; physical therapy; tramadol	2
Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	pt. slipped and fell. there is tenderness to right knee.; This study is being ordered for trauma or injury.; 1-27-2017; There has been treatment or conservative therapy.; low back pain and right knee pain with difficulty walking; rest and pain medication was given to patient	1
Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	RIGHT LEG PAIN FOR 1 TO 6 MONTHS. ALL TESTS ARE NORMAL.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1
Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	unable to walk, red, swollen, numbness, pain; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1
Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknow; This study is being ordered for a neurological disorder.; 10/19/16; There has been treatment or conservative therapy.; Pt has lower back pain radiating down the right leg and pain in both hips; Pt has been having steroid t/x, pain medication, muscle relaxers	2
Disapproval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/26/2017; There has been treatment or conservative therapy.; knee and hip pain, limited range of motion, swelling,; medication	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	4
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; pain in L knee, burning sensation of both feet; medications	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/18/2017; There has been treatment or conservative therapy.; foot pain radiating to ankle, pain increases with ambulation; heat, ice, and anti-inflammatory medication	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2016; There has been treatment or conservative therapy.; knee pain in both knees and restless leg syndrome; medication	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/03/2016; There has been treatment or conservative therapy.; Pain, swelling and bruising.; Pt received SHE program, and NSAIDs	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/13/2016; There has been treatment or conservative therapy.; CHRONIC PAIN; ORAL MEDICATION	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	.....; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; It is unknown if the patient has had foot pain for over 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	3
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 03/31/2016; There has been treatment or conservative therapy.; Knee and ankle pain, LROM, tenderness, Pain ROM; PT, MEDS, heat and ice, TINS unit	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	1. Shoulder pain  Onset: 3 to 4 years ago. Location: right shoulder. The pain is aching. The pain is aggravated by lifting. Hand Dominance: right. Additional information: Pt reports that his shoulder pops when he moves it. He can no longer bench pre; This study is being ordered for trauma or injury.; SHOULDER 3-4 YEARS AGO KNEE 7-8 YEARS AGO NEITHER ONE EVER SCANNED; There has been treatment or conservative therapy.; R SHOULDER DECREASED ROTATION AND ABDUCTION/POPS WHEN MOVED/NUMBNESS R KNEE LATERAL JOINT LINE TENDERNESS/JOINT POPS/LOCKS UP PAIN; PHYSICAL THERAPY	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	chronic right knee pain, ABN x-ray, knee locked and popped,; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Continuing acute pain of Left knee due to twisting injury on 12/05/2016 as reported by patient. no acute finding on xray. No improvement with RICE treatment since injury.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	edema that has got worse, patient is complaining of weakness and clicking sound in knee. patient has a seizure disorder and can not take steroids.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown HPI Complains of right shoulder pain and right knee pain onset 10 days after fall directly on knee cap and hurt right shoulder with hyperextension backwards. She has gained some range of motion to right shoulder. Sw; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	History of remote ligament injury, swelling and pain with walking.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. hurt knee doing back flips; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	instability; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	left knee and ankle pain x 11 weeks; patient fell in a hole on 11/12/2017 and has had continued pain; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	m70.88.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Mrs. Pratt presents in follow up from hospital admission. She was admitted to the hospital on 11/15/16 and discharged on 11/18/16. She was diagnosed with Discitis L5-S1. The following lab tests were done: CBC (WBC 11.3, Plt 413), comprehensive metabol; This study is being ordered for trauma or injury.; 11/15/16; There has been treatment or conservative therapy.; constant, of moderate severity, and throbbing, bruising, numbness, stiffness and swelling. ; follow up from hospital admission. She was admitted to the hospital on 11/15/16 and discharged on 11/18/16. She was diagnosed with Discitis L5-S1; Zolofit 50mg Tablet Take 1 tablet(s) by mouth daily ; Eliquis 5mg Tablet take two tab po bid ; Oxycodone HCl 10mg Tablet 1-2 q 6 hours prn pain ; Xanax 0.25mg Tablet 1 daily prn anxiety ; Promethazine HCl 25mg Tablet Take 1 tablet(s) by mouth q 4 to 6 hr	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 08/24/2016; There has been treatment or conservative therapy.; pain; meds	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 01/01/2009; There has not been any treatment or conservative therapy.; Chronic pain	2

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pain in left knee resulting from a fall about one month ago. No improvement with use of otc anti-inflammatory. Limited range of motion.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pain in left knee, unable to bear weight, pain with range and motion, has had injection in knee, in brace and on crutches and swelling has gotten worse.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient had left 5 th metatarsal fracture in August after a fall wore walking boot for several months patient came back to clinic with worsening pain in the lateral portion of her midfoot; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has been having right knee pain x 3 months. has hx of medial meniscus tear in right knee; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient injured knee playing soccer. ROM is limited.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient needs to be seen by ortho and needs further evaluation to rule out meniscal tears.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2011; There has been treatment or conservative therapy.; Pain with popping and locking.; Patient has had 6 weeks of physical therapy and NSAIDs with no improvement.	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient with left knee pain since auto accident on 01/05/2017. The patient does have history of meniscal tear in this knee.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pos joint pain; experience knee pain after running a couple mos ago; pos joint line pain; started on nsaid; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt says he hurt knee x 3 years ago, problems with ever since, last 2-3 months there is popping in left knee, feels like it's moving side to side, kneeling is hard- hard to get back up w falling, numbness in knee, knee unstable, tolerated pain but now li; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pt has bilateral knee pain. She states she heard a "popping" sound in her right knee and it has been especially painful for a week now.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pt twisted knee while wrestling with her children and has c/o burning and swelling since that is not improved with RICE therapy.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Right knee pain, unable to straight, with hx of ACL repair. Treat with scheduled NSAIDs, muscle relaxer at night, and refer for MRI and to our orthopedic department.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Cyclobenzaprine HCL 5-10mg Oral TID PRN Diclofenac Sodium 75 mg Oral BID PRN; The patient received medication other than joint injections(s) or oral analgesics.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Right knee: She exhibits decreased range of motion. She exhibits no swelling and no effusion. Tenderness found. Medial joint line and lateral joint line tenderness noted. 6 weeweeks of medication without improvement; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Rt foot pain, swelling, dorsal surface, tripped over jacket falling down steps; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	swelling and redness; This study is being ordered for trauma or injury.; 2/18/2017; There has been treatment or conservative therapy.; pain; walking boot , x-rays , pain medication	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The patient works out and was told to stop working out due to the pain he experiences when he does. The Xray showed Slight spurring otherwise unremarkable left knee.; This is a request for a Knee MRI; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Mobic ibuprofen; The patient received medication other than joint injections(s) or oral analgesics.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	9

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unable to straighten R knee out completely, TTP along tibial plateau and medial and lateral aspects Right knee pain, unable to straight, with hx of ACL repair. Treat with scheduled NSAIDs, muscle relaxer at night, and refer for MRI and to our orthopedic ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 02/20/17; There has not been any treatment or conservative therapy.; left knee pain and swelling, swelling and pain for left elbow	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknwon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/30/2016; There has been treatment or conservative therapy.; lower back pain; Pain medications	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	we have done several xrays on all body parts that are affected but this pt still doesnt have any relief with any thing that we try. we are wanting to get a mri of all parrts to see if anything could be wrong with this pt that we can not see on plain film.; This study is being ordered for Inflammatory/ Infectious Disease.; prior to 04/27/2016; There has been treatment or conservative therapy.; severe pain in his lower back that radiates to his legs. pt also has severe pain in both knee's that's rates a 8/10 most days.; pt has had physical therapy and has been placed on ns aids for more than or equal to 6 weeks	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Will fax clinical information; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	XR Bilateral knees 6/17/17   Bilateral tricompartmental osteoarthritis, severe involving the patellofemoral compartments. Bilateral osteochondral body(s) present  Impression per Dr John S Dennis, Radiologist.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Per clinical note in chart, chronic bilateral knee pain for several years.; There has been treatment or conservative therapy.; Bilateral knee pain, left knee is worse. Reports chronic bending makes it worse, reports that injections do not last long.; She is getting injections over the past few years. PT ongoing.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	x-rays demonstrated arthritis; This study is being ordered for Inflammatory/ Infectious Disease.; 11/2016; There has not been any treatment or conservative therapy.; knee pain and swelling	2

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Yesterday, Getting out of truck, slipped and fell, knee twisted. Got up with difficulty. Tried putting weight on it and felt like she was going to pass out. Felt same this morning. Negative x ray for fracture. Pain radiates down to left foot. Moderate; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/26/2017; There has been treatment or conservative therapy.; knee and hip pain, limited range of motion, swelling,; medication	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/23/17; There has been treatment or conservative therapy.; pain; PT and Nsaids	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2016; There has been treatment or conservative therapy.; chronic pain in left hip and lumbar spine; medications	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/19/2015; There has been treatment or conservative therapy.; Patient is having chronic low back and left hip pain and tenderness. She is having shooting pain into her knee and mild numbness in her hip. Her gait is altered and she has restricted range of motion in her left leg.; Patient has tried physical therapy and has been treated with NSAIDS, steroids, and gabapentin.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-4 years (2012-2013); There has been treatment or conservative therapy.; Right Hip Pain x 3-4 yrs years that has gradually gotten worse&#xOD; Went to urgent care on Saturday, they gave her predisone dose pack. It did help.&#xOD; Been to chiropractor, it helped at first. &#xOD; Pain is constant. Has tried ice pack, heat packs, ibuprofen, noth; Soma, Steroid and Chiropractor	1

Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Further evaluation; This study is being ordered for trauma or injury.; neck - couple months hip - recent; There has been treatment or conservative therapy.; back pain, hip pain and neck pain, neuropathy; PT one visit; hydrocodone and muscle relaxers for her neck; this is the first visit for the hip	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	knee and hip pain,for several years aggravated by exercise and better with rest  has seen orthopedic, has had injections,  ns aids, steroids,; This study is being ordered for Inflammatory/ Infectious Disease.; 06/10/2014, initial visit for left knee pain, pt fell going down stairs and tore ligaments, has had medication therapy and seen orthopedic specialist  now has arthritis in joins of left side; There has been treatment or conservative therapy.; knee and hip pain, grating pain, worse on arising; Injections 2014 medications 2014-2017 exercise, range of motion	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	MRI hip: Pt complains of constant left hip pain radiating to left knee for 1-6 months. Pt has tried meloxicam and OTC ibuprofen and tylenol with no relief.  MRI brain: Pt had pituitary adenoma surgically removed and has not had imaging in over 1 year.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Patient has chronic right hip pain. Patient is using walker to ambulate. Patient reports frequent falls approximately 4 times per week.; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	patient with left hip pain for 2-3 months no known injury.; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	PATIENT'S LEFT HIP PAIN IS GETTING WORSE EACH DAY.; This study is being ordered for a neurological disorder.; NOVEMBER 30, 2016 PATIENT WAS HAVING HORRIBLE LEFT HIP PAIN; There has not been any treatment or conservative therapy.; SEVERE PAIN IN LEFT HIP	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	PT FELL WAS HIT AND KICKED; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; SEVERE BACK PAIN RADIATING TO HIP AND LEG; EPIDURAL INJECTION	1

Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Pt had tried physical therapy and pain medications that have not worked. pt ad x rays done that did not show abnormalities.; This study is being ordered for trauma or injury.; first treatment 12/30/2016  no date given; There has been treatment or conservative therapy.; low back pain with radiculopathy right hip pain that feels like bruising; pain medications and physical therapy	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	2
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2

Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Weakness, Tingling, numbness; This is a requests for a hip MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis;	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	6
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/22/17; There has been treatment or conservative therapy.; SHORTNESS OF BREATH , ELIVATION ON CHEST XRAY , CAUSE UNDETERMINED/ CT WAS RECOMMENDED BY RADIOLOGIST; INHALERS, SHORTNESS OF BREATH ,	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	2
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; upper abdomen and lower chest pain	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	diverticulitis, diabetic patient periferral nueropathy; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Elevated white count and history of Gall Stones.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	follow up on mass seen on previous CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; follow up on mass seen on previous CT scan; There has not been any treatment or conservative therapy.; pulmonary nodule on previous CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	moderate epigastric pain with abnormal liver functions on labs  ALKP - 42 TBIL - 3.0; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain in the gallbladder; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has abdominal tenderness in left lower quadrant. possible diverticulitis or colitis?; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having a lot of constipation and diarrhea. Patient has had a lot of her intestines removed and she is experiencing a lot of abdominal and epigastric pain.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had CT abd w and without that was abnormal suspicious for gallbladder carcinoma and she never followed up on, CT done 11-19-15; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has been having stomach pains in the right side for a month now and is getting worse. Ovarian cysts and diverticulitis; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAVING SEVERE LEFT SIDED ABD PAIN THAT IS NOT BETTER WITH MEDICATIONS.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having pain throughout his abdomen, Pt had surgery in November 2015 and the pain is right where his scar is and fills like a tightness and pulling pain.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	rectal bleeding; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	test for high risk cancer pt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt blood work Genetic Gene TP53 positive for Li-fraumani 11/22/2016; It is not known if there has been any treatment or conservative therapy.; positive genetic gene TP53 for Li-Fraumani syndrome hereditary cancer syndrome Mother died of lung cancer age 44  MIG HA's w/aura and night sweats	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	to rule out possible mass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/09/2016; There has been treatment or conservative therapy.; Pain, tenderness, swelling and visible enlargement or mass; patient has been treated with antibiotics, ansaids, and pain medication	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.	1
Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	6
Disapproval	74175 CT ANGIOGRAPHY ABDOMEN	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound results are unknown.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/05/2017; There has not been any treatment or conservative therapy.; swelling and mass in abdomen	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; COLLAPSING < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Describe primary symptoms here - or Type In Unknown If No Info Given >; medication	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/14/17; There has not been any treatment or conservative therapy.; coughing, symptoms worst at night, left side is tender, Pt felt a pop	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2016; There has been treatment or conservative therapy.; 3 months history of abdominal pain and dyspepsia. The abdominal pain is moderate in severity and is located in the epigastric region and periumbilical region. It is described as having a aching and crampy quality and does not radiate. The patient has not ; carafate, gasx	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is having abd pain. She has a known Renal mass that is growing in size. Patient also having Right Shoulder Pain; There has been treatment or conservative therapy.; Abd pain and right Shoulder pain; Patient first started with this pain in Sept 2016 and went to the emergency room they did a CT and seen the renal mass. The mass has grown since the CT in 2013	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	7 days of dull pain and weakness; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	ABD Extension, Decreased food intake.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abd. Pain for more than 10 months, mass, SOB, palpitations, N&V, Epigastric pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain 2-3 weeks with tenderness; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	BMP was performed that was normal. Glucose was high but patient is Diabetic.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	difficulty urinating; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/13/17; There has not been any treatment or conservative therapy.; tenderness in both lower quadrants, worse when bending, shooting pains in fingers,	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	evaluation for hx of pancreatic CA; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Fatigue weight loss loss of sleep; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2016; There has not been any treatment or conservative therapy.; Checking liver enzymes	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Gastrointestinal: Positive for diarrhea, nausea and vomiting;   Abdominal: Soft. Bowel sounds are normal. He exhibits no mass. There is no hepatosplenomegaly, splenomegaly or hepatomegaly. There is tenderness in the right upper quadrant. There is no rigid; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT hemangioma protocol please..She has been having a tighness on the right upper quadrant. It happens after a late meal. IT is worse with greasy foods. She denies vomiting. She has diarrhea after certain foods like greasy foods.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	hx of blood in stool, having dark tary stools with bright red blood; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Location: GI, Duration: since 2013, Timing: daily, Intensity: moderate, Quality: bloating especially with milk products, diarrhea, Symptom(s) Began: gradually, "I gave up dairy and soy foods and continue to have the bloating and diarrhea along with stomach; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	lwer abd tenderness, fever, nausea, pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT none; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	None; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	NONE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has been treatment or conservative therapy.; The Pt has an enlarged nodule on left side of neck. Pt has nausea and abdominal Pain.; Medication therapy	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient has abdominal pain and abdominal distention. also has polyuria and enuresis and frequency; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient has been experiencing abdominal pain for 3 months now.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had pain on going for 5 months now. pain is described to be sharp and radiates to the front of left lower quadrant.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient has inguinal LAD.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has severe constipation and abdominal pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having worsening abdominal pain that started 7 months ago. Patient has nausea, vomiting, diarrhea, heartburn. Patient has lost 18 pounds in 5 months due to vomiting. Nothing relieves the pain. Food makes it worse; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents with complaints of a small mass that he had in his belly button that he first noticed 3 days ago. States it had popped out but was gone again today. Denies any other symptoms. He denies previous history of hernias; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has been evaluate since August 2016 of last year. Tried different reflex medications with no outcome. Pt has also had some increase prostate symptoms with new added medications.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has flank pain and hematuria with a strong suspicion of kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt has had dark stools. Pt has had nausea, vomiting, and cold symptoms for a week. Pt has tenderness in the right lower quadrant.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt is having abdominal pain and fever . Fever has been 102 and pain has been a 10/10. has been complaining of abdominal pain since august 2016; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT PT was hospitalized, R/O other diagnosis. PT has renal hypertension; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt. was tender right upper quadrant on exam. pt. has had nausea and vomiting. pt. had a gallbladder ultrasound that was normal.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	R/O colon cancer; This study is being ordered for Inflammatory/ Infectious Disease.; 03/20/2017; There has not been any treatment or conservative therapy.; Cough, dyspnea, dizziness, abdominal pain r/o infection; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	R11.2; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	referred to gi; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Reviews of systems was negative, bowel sounds were increased in all four quadrants, hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RLQ ABD PAIN,CONSTANT ACHY AND SHARP ABD PAIN,ABD TENDERNESS-RLQ TTP, R/O APPENDICITIS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Suspected Appendicitis; Rebound Tenderness; Positive Psoas; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	suspected mass; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Swelling, mass to hip area. Hips showed abnormalities. Tenderness on palpation. Weakness on palpation; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Tender left side, TDA, Pubic pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; Patient is having sharp pain , getting worse , pressing pain when she urinates; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; Positive for reports chronic left kidney pain x 1 year. recent increase left flank pain , history of kidney stones; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; PATIENT IS HAVING SEVERE LLQ ABDOMINAL PAIN; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Acute onset, severe abdominal pain, nausea, and diarrhea that occurs after eating. present x approximately 6 weeks per patient and is worsening.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient complains of lower abdominal pain with n/v and constipation.	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; patient in office today with right lower quadrant pain, has had for two months along with sharp pain to her anus. She is having lab drawn now.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; pt. is having incontinence of feces and burning after a bowel movement.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; unknown; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.;	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Ongoing pain, nausea,and bloating; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; RIGHT AND LEFT UPPER QUADRANT PAIN AND EPIGASTRIC PAIN,TENDERNESS R/O:GB DISEASE; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information&;	9
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information&; Yes this is a request for a Diagnostic CT	6
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	5
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abd pain x 3 days, elevated Amylase and Lipase, positive H Pylori	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain for 6 days	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ABDOMINAL PAIN RADIATING FROM RIGHT FLANK TO GROIN, ULTRASOUND WAS NEGATIVE, WORSENING PAIN, GOING ON FOR TWO WEEKS; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain x 2 months, left LQ tenderness, nausea	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; blood in semen; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Bowel obstruction, KUB done last week showing heavy constipation, done an enema, still unable to use the restroom.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Constant Pelvic/Abdominal pain. Bloating. Occurs after eating. Left lower quadrant pain.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; EXAM: NO BRBPR,NO NEW MEDS NEG OBTURATOR,NEG PSOAS,NEG ROSUIVAN   HAVING EPIGASTRIC PAIN AND NAUSEA  H.PYLORI TEST DONE IN CLINIC AND RESULTS WERE NEGATIVE. SHE IS HAVING DIARRHEA,CONSTIPATION AND LOW APPETITE. RATES NAUSES 10/10.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Family history of colon cancer has had dark stool,abdominal pain, and Diarrhea; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; having more pain in lower abd than his normal pain. possible blood in stool, drink milk of magnesia nightly normally can have 1-2 bowel movements and that will be it, About a year ago pt was having low pain near his pelvic area. At the time it was not a h; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; History of hernia repair, tenderness, bloating, weight loss; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Inguinal pain	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; mbr has pain with blood in stool	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Ms. Case presents with generalized anxiety disorder. Her symptom complex includes tremors. True panic attacks apparently do not occur. The frequency symptoms is several times per week. Apparent triggers include weight gain. Current treatment includes; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ongoing abdomen pain for 1 year. Patient has history of frequent constipation.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain and swelling in the abdomen; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain and to r/o kidneys; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain in pelvis and perineal area with suprapubic tenderness, has been to ER with this pain and was told she had cyst on ovaries. has had partial hyst; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has been on multiple medications for recurrent UTI and lower abdominal pain including Pyridium, Macrobid, and Bactrim.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has had worsening lower abdomen pain with prior history of hernia surgery; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has weight gain and pain, short stabbing pain,; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient having sudden onset lower abdominal pain left and right quadrant.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient is here with complaint of pain in the left costal margin and LUQ. Reports the pain has been present for 2 months . Pain is constant but worse with deep breathing and coughing. States the pain feels it is just beneath the left rib cage.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient presents for evaluation of a protrusion in the right groin area. Patient states that she has had the protrusion intermittently. Diagnosis, direct inguinal hernia on the right side. A CT is needed for evaluation.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient was evaluated on 1/3/17 chief complaint was, wants to discuss diagnosis of IBS and Linzess Medication.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient with abdomen pain for 3 months. hurts with coughing and sneezing,; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient with recurrent abdominal pain over last 2 months with known Hepatitis C; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has complaints of history of generalized abdominal pain; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has generalized abdominal pain.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PT HAS HAD INCREASED ABDOMINAL SWELLING OVER SEVERAL MONTHS AND NOW ANKLES ARE STARTING TO SWELL AS WELL. LOOKING TO R/O INTRA-ABDOMINAL PATHOLOGY.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PT HAS KIDNEY INFECTION AND DYSURIA, PAIN WHEN URINATING, FEVER, BEEN GOING ON SINCE 1/9/17. GIVEN ANTIBIOTIC NO RELIEF.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt. had an abnormal chest x-ray. The x-ray showed left hemidiaphragm.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; r/o diverticulitis or colitis, abdominal pain,	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Renal failure, abdominal pain, gastroparesis.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; right inguinal hernia only with straining reducible.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; right lower quadrant pain off and on for over a year. getting worse, had hernia repair done in 2010. feels the same as it did then	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; uterine bleeding getting worse---admonial pain and cramping getting worse; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Will fax.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; yesterday Pt came in with worsening abdominal/pelvic pain, chronic pelvis pain without obvious pathology, chronic Interstitial Cystitis, chronic pain without relief from treatment; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	4
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; <Enter Additional clinical information >; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; vaginal bleeding; infertility; enlarged uterus; morbidly obese; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; pain	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This would be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; ; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; see scanned info; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; unknown; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Trauma; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Trauma; 5mo s/p falling from a vehicle and landing on her buttocks. Pt has had constipation since and pelvic and perineal pain and pressure.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Trauma; abdmonial pain and dysfunctional uterine bleeding times 2 weeks	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Thomas Sisneros, a 48 y.o. male presents with a Chief Complaint of Possible Hernia (Patient presents with complaints of a "bulge" in his right groin that comes and goes for the last month. He states he first noticed it about a month ago after doing an ex; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	ventral abd. hernia, abd. pain; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Vomiting and abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	muscle strain, swollen over abd from hernia repair; This request is for an Abdomen MRI.; This study is being ordered for follow-up trauma.; The ordering physician is not a gastroenterologist or surgeon.; There are no laboratory or physical evidence of an intra-abdominal bleed.; A white blood cell count has not been completed.	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	right flank pain suspected renal stones; This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; It is not known if the patient had and abdominal ultrasound, CT or MR study.;	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown	1
Disapproval	75572 CT Heart	Radiology Services	This is a request for a Heart CT.	1
Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically	Yes, this is a request for CT Angiography of the abdominal arteries.	2

Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	mammogram was abnormal significantly. suspicious madd; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. Patient have not a mammogram in 40 years because she is worried that the pressure of the mammogram machine will rupture implants.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	test for high risk cancer pt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt blood work Genetic Gene TP53 positive for Li-fraumani 11/22/2016; It is not known if there has been any treatment or conservative therapy.; positive genetic gene TP53 for Li-Fraumani syndrome hereditary cancer syndrome Mother died of lung cancer age 44  MIG HA's w/aura and night sweats	1
Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	3
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest discomfort; shortness of breath; pressure and burning; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain and shortness of breath; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain and shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, CAD, presence of coronary angioplasty implant and graft 12/23/2013, PTCA stents to LAD and RCA, History of Myocardial perfusion infraction, benign hypertension; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Chest Pain; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Coronary atherosclerosis  h/o myocardial infarction with recurrent exertional 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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	member she seen in er December 2016 for backpain, blood pressure evaluated, headaches, home exercise, chest pain last 30 minutes, scale of pain 5, with shortness of breathe; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	None; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Palpitations, chest pain, abnormal ekg.; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient has had consistent chest pain which has worsened since 3/14/2017.; This study is being ordered for Vascular Disease.; 03/14/2017; There has not been any treatment or conservative therapy.; Chest pain, chest pain on breathing, and tightness in chest	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient is here for dizziness, and headaches. She will be standing, turn around and will be dizzy to the point she can hardly stand up.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). Patient only has chest pain; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient positive for chest pain/angina with abnormal EKG in office.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	PATIENT PRESENTS TO CLINIC C/O ANTERIOR WALL CP AND VERTIGO. PATIENT HAS HTN AND A FAMILY HX OF CAD.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Poor R wave progression , Abnormal EKG, Palpitation; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt c/o chest pain, shortness of breath, shoulder pain, syncope. Pt is diabetic; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	PT has dyspnea with very little activity. Family hx of cad.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). SOB, chest pain,; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	SOB, chest pain,; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Start on ASA 81mg one daily w/ food. NTG 0.4mg one tab at onset of further chest pain, can repeat one tab every 5 minutes if needed for CP, up to 3 tabs total. Call 911 if you Need 2 tabs. It can cause a headache. Do not take NTG within 48 ours of an; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Tachycardia, SOB, ST depression on holter monitor results; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	2
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Unexplained weight loss COPD fatigue; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Chest pain in a longtime smoker, large chest mass, chronic neck pain This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.	1
Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; Unknown if a nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Patient was seen in ER and chest xray shows patient has several bilateral lung nodules. Patient also has COPD.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Melanoma.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-16-2017; There has not been any treatment or conservative therapy.; chest pain on l side of chest goes to her neck last for a couple of mins moderate to severe and pt has numbness and tingling	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1

Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; 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.	2
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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 is unknown if it has been at least 24 months since the last echocardiogram was performed.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2
Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1
Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	5
Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	Smoker; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1

Disapproval	S8037 mrcp	Radiology Services Denied Not Medically	she has persistent RUQ pain after gallbladder removal; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Withdrawal	73200 CT ARM OR UPPER EXTREMITY		x-ray of shoulder and hip in office on 01/18/2017; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years; There has been treatment or conservative therapy.; pain in joints; pain medication	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	71250 CT CHEST, THORAX		PATIENT IS A SMOKER. 40 PACK PER YEAR. PATIENT IS A DIABETIC AND HAS HIGH BLOOD PRESSURE.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	loses train of thought, loses car in parking lot, terminated last job due to forgetting appointments, put on medication, history of diabetes, history of being a lab tech for 10 years and possibility of being exposed to chemicals.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically	unkwn; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Approval	72192 CT PELVIS WITHOUT CONTRAST	This is post-operative pelvic and abdominal pain that is painful to the patient. Doctor ordered because of the heavy menstrual bleeding and pelvic pressure has restrained the patient's quality of life.; This study is being ordered because of a suspicious mass/tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		6
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST		This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	1
Approval	70450 CT BRAIN, HEAD		; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70450 CT BRAIN, HEAD		; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Approval	70450 CT BRAIN, HEAD	1. Anaplastic large cell lymphoma, ALK positive, diagnosed 10/15/15 by left groin biopsy. MRI Pelvis at BMC on 10/1/15 revealed pathologically enlarged lymph node in the left groin measuring over 5cm in maximum dimension. There are smaller but slight; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	1. Bladder cancer diagnosed 8/11/14 with biopsy BMC revealing urothelial carcinoma, high-grade. Pathology #S14-11697. CARTI CTs on 10/21/16 revealed Stable unremarkable exam with no evidence of recurrent tumor at site of previously resolved right tempora; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70450 CT BRAIN, HEAD	1. Mass of thoracic structure; WCMC MRI of thoracic spine on 1/3/17 revealed abnormal soft tissue involving the prevertebral region, posterior mediastinal mass encasing the descending thoracic aorta from approximately T6-T10 levels. Findings are susp; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70450 CT BRAIN, HEAD	1. Primary mediastinal diffuse large B-cell lymphoma diagnosed 7/14/14 by mediastinal mass biopsy after having had abnormal CXR. History of pain secondary to malignancy. Left arm deep venous thrombosis diagnosed 3/23/15 at BMC. Completed Xarelto, taki; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	1. Invasive ductal carcinoma of the right central breast, diagnosed 5/2016. Postmenopausal s/p TAH/BSO. Postmenopausal, s/p TAH-BSO in the early 1990s. She has been on Premarin for hot flashes and mood swings for the past 8+ years. She is still taki; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Approval	70450 CT BRAIN, HEAD	Abnormal labs, elevated platelets and elevated CRP. ; Outside labs:Plts 340 on 9/1/16; Plts 401 and CRP 78.9 on 11/2/16. ; CARTI lab: Plts 328 on 2/16/17. ; Current status 2/16/17: Normal Plt count today. ; 2. Anemia; Hgb 12.7 and Hct 38.2 with MCV; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; IMPRESSION; 1. Abnormal labs, elevated platelets and elevated CRP. ; Outside labs: Plts 340 on 9/1/16; Plts 401 and CRP 78.9 on 11/2/16. ; CARTI lab: Plts 328 on 2/16/17. ; Current status 2/16/17: Normal Plt count today. ; 2. Anemia; Hgb 12.7 and; There has been treatment or conservative therapy.; ECOG Performance Status; 1 Symptoms, but ambulatory. Restricted in physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature (e.g., light housework, office work). (Date: 02/16/2017)He has not had a temperature; HPI; Mr. Hawkins presents to clinic for evaluation and treatment of elevated platelets and elevated CRP. ; He has history of rocky mountain spotted fever in August of 2016. Other medical history includes hypertension. ; Outside labs: Plts 340 on 9/1/16 adenocarcinoma stage 4 with brain mets; This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for other indications	1
Approval	70450 CT BRAIN, HEAD	Assessment & Plan; IMPRESSION; 1. Follicular lymphoma, grade 2 presenting as lymphadenopathy with symptoms of night sweats. Splenomegaly present. ; He presented to Dr. Pittman for lower abdomen pain that he had had for a long time, over the last few w; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered. Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70450 CT BRAIN, HEAD	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	CARTI CT 6/23/16 reveals normal head CT without contrast. Bilateral mastectomies with decrease in size of a left lateral subpectoral mass now measuring 3.5 cm compared to 6.0 x 5.3 cm on 3/16/16. Enlarging fluid filled abnormality involving the left later; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Approval	70450 CT BRAIN, HEAD	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70450 CT BRAIN, HEAD	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	follow up after chemo therapy.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70450 CT BRAIN, HEAD	Newly diagnosed Colon/liver/lung cancer//pt has acute chest pain and abd pain//inital staging for chemotherapy. 1. Metastatic colon cancer  Mucinous adenocarcinoma of GI tract diagnosed September, 2016   Presacral biopsy at MAYO on 8/10/16 reveale; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70450 CT BRAIN, HEAD	Pain 7 out of 10, L leg aching and goes into his hip and lower back, not sleeping, could be his medication causing his headaches.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD	Patient is experiencing the same headaches as before, when he had a cranial bleed.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	Patient is in clinical research.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70450 CT BRAIN, HEAD	Patient reports recent fall, passing out, nausea and vomiting. Patient does have history of tonsil cancer.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Approval	70450 CT BRAIN, HEAD	Patient with known RCC. CTs to evaluate disease status.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	PLAN; 1. Followup bone marrow aspiration and biopsy as indicated.; 2. Continue current home medications; - Paxil 5 mg daily; -Nexium 40 mg daily; -Estradiol 0.05 mg/24 hour patch; -Lorazepam prn; -Ondansetron prn; -B12 1000 mcg sq every other we; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	Required by the ordering doctor for the comparison to the last scans to check for reoccurrence.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	70450 CT BRAIN, HEAD	Re-staging Follicular lymphoma, grade 2 of 3 by axillary lymph node biopsy 6/3/08 per Dr. Osam after presenting for evaluation after CT scan was obtained to rule out renal calculi in patient with hematuria which revealed left supraclavicular node and an ; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	RESTAGING BREAST AND THYROID.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	Restaging for Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	RESTAGING KNOW URINARY CANCER WITH BONE AND LIVER LESIONS THAT ARE PROGRESSIVE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70450 CT BRAIN, HEAD	Re-staging; 1. Transverse Colon Cancer; She initially presented to ED at SVI for abdominal pain and was admitted. She was taken to surgery for transverse colectomy, mobilization of splenic flexure, lymph node dissection, omentectomy and repair of inca; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1

Approval	70450 CT BRAIN, HEAD	Restaging; Hodgkin's lymphoma, presenting as adenopathy. ACC PET/CT on 1/4/16 reveals stable examination with no evidence of metabolically active recurrent lymphoma. Stable inactive partially calcified thyroid nodules, which likely represent benign adenom; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	Restaging, 1. Non-Hodgkins lymphoma, follicular grade I, diagnosed 1/26/07 from positive biopsy of mediastinal lymphadenopathy at BMC.; Discussed diagnosis, treatment options and prognosis of follicular lymphoma at length with Mr. Turner.; Initiate; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	Scans requested to assess response to therapy.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70450 CT BRAIN, HEAD	SURVEILLANCE FOR MELANOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	2
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	11
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently has cancer.; There is no recurrence or metastasis.; "The patient has had a recent course of chemotherapy, radiation therapy, or been treated surgically within the last two years."; There are not new or changing lymph nodes.; This study is being requested for known or suspected brain tumor, mass or cancer.	4
Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	7
Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	49
Approval	70450 CT BRAIN, HEAD	Ultrasound guided ParacentesisCARTI Abd U/S 1/9/17: Moderate ascites. This ascites would certainly be amenable to percutaneous access and drainage.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; 2/20/2017; There has not been any treatment or conservative therapy.; HIV positive with persistent clavicle adenopathy.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1. Anaplastic large cell lymphoma, ALK positive, diagnosed 10/15/15 by left groin biopsy.   MRI Pelvis at BMC on 10/1/15 revealed pathologically enlarged lymph node in the left groin measuring over 5cm in maximum dimension. There are smaller but slight; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1. Primary mediastinal diffuse large B-cell lymphoma diagnosed 7/14/14 by mediastinal mass biopsy after having had abnormal CXR.History of pain secondary to malignancy.  Left arm deep venous thrombosis diagnosed 3/23/15 at BMC. Completed Xarelto, taki; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Abnormal EKG, swelling of neck after injury; This study is being ordered for trauma or injury.; 11/29/2016; There has not been any treatment or conservative therapy.; Swelling of neck	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Abnormal labs, elevated platelets and elevated CRP.; Outside labs:Plts 340 on 9/1/16 Plts 401 and CRP 78.9 on 11/2/16. CARTI lab: Plts 328 on 2/16/17 Current status 2/16/17: Normal Plt count today.  2. Anemia Hgb 12.7 and Hct 38.2 with MCV; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; IMPRESSION 1. Abnormal labs, elevated platelets and elevated CRP. Outside labs: Plts 340 on 9/1/16 Plts 401 and CRP 78.9 on 11/2/16. CARTI lab: Plts 328 on 2/16/17 Current status 2/16/17: Normal Plt count today.  2. Anemia Hgb 12.7 and; There has been treatment or conservative therapy.; ECOG Performance Status 1 Symptoms, but ambulatory. Restricted in physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature (e.g., light housework, office work). (Date: 02/16/2017)He has not had a temperature; HPI Mr. Hawkins presents to clinic for evaluation and treatment of elevated platelets and elevated CRP. He has history of rocky mountain spotted fever in August of 2016. Other medical history includes hypertension. Outside labs: Plts 340 on 9/1/1	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Assessment & Plan IMPRESSION 1. Follicular lymphoma, grade 2 presenting as lymphadenopathy with symptoms of night sweats. Splenomegaly present. He presented to Dr. Pittman for lower abdomen pain that he had had for a long time, over the last few w; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered. CARTI CT 6/23/16 reveals normal head CT without contrast. Bilateral mastectomies with decrease in size of a left lateral subpectoral mass now measuring 3.5 cm compared to 6.0 x 5.3 cm on 3/16/16. Enlarging fluid filled abnormality involving the left later; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	hx Hodgkin's lymphoma; 3 mo f/u appt; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	patient with known history of Diffuse Large B Cell lymphoma. Has small posterior cervical nodes and mass on left thigh that need further investigation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient with known RCC. CTs to evaluate disease status.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. PLAN  1. Followup bone marrow aspiration and biopsy as indicated.  2. Continue current home medications  - Paxil 5 mg daily -Nexium 40 mg daily -Estradiol 0.05 mg/24 hour patch -Lorazepam prn -Ondansetron prn -B12 1000 mcg sq every other we; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Re-staging Follicular lymphoma, grade 2 of 3 by axillary lymph node biopsy 6/3/08 per Dr. Osam after presenting for evaluation after CT scan was obtained to rule out renal calculi in patient with hematuria which revealed left supraclavicular node and an ; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING BREAST AND THYROID.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Restaging for Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Restaging Hodgkin's lymphoma, presenting as adenopathy.ACC PET/CT on 1/4/16 reveals stable examination with no evidence of metabolically active recurrent lymphoma. Stable inactive partially calcified thyroid nodules, which likely represent benign adenom; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Restaging, 1. Non-Hodgkins lymphoma, follicular grade I, diagnosed 1/26/07 from positive biopsy of mediastinal lymphadenopathy at BMC.  Discussed diagnosis, treatment options and prognosis of follicular lymphoma at length with Mr. Turner.  Initiate; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Right neck swelling with pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 03/13/2017; There has not been any treatment or conservative therapy.; New supra clavical adenopathy right	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Scans requested for upcoming followup visit to see if disease has progressed.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Strong indication of possible CLL, CT for staging workup of possible CLL.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2016; There has not been any treatment or conservative therapy.; Leukocytosis and lymphocytosis	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	SURVEILLIANCE FOR MELANOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	6
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	20
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	10
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	4
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	25
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Ultrasound guided ParacentesisCARTI Abd U/S 1/9/17: Moderate ascites. This ascites would certainly be amenable to percutaneous access and drainage.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	It is unknown if there is a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1

Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70544 Mr angiography head w/o dye	Follow up scans for further treatment recommendations.; This study is being ordered for Vascular Disease.; Approximately 08/2016.; There has been treatment or conservative therapy.; Fairly asymptomatic at the moment.; Coumadin Therapy	1
Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1

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

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2/9/2017 Rosa Mendoza is here today for ongoing evaluation and management of her metastatic adenocarcinoma. Mrs. Mendoza is a very pleasanthispanic female who presented to NWMC in Jan 2014 with a new seizure. Routine imaging revealed a 2cm mass. Staging ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	63 yr old man with a history of nonobstructive CAD, seizure disorder, abdominal aortic aneurism (4.7mm on surveillance), nephrolithiasis, and small cell lung cancer. Completing chemo on 3/24/2017.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Attaching records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Constant headaches with ringing in the right ear.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Evaluation of patient with endometrial and corpus uteri cancers.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FOLLOW UP IN MEMBER WITH NEWLY FOUND MASS OF TEMPOROPARIETAL REGION OF THE BRAIN. PREVIOUS MRI DONE WAS OF POOR QUALITY DUE TO HER HAVING BRACES. SHE HAS HAD HER BRACES REMOVED. MRI RECOMMENDED FOR CONTINUED TREATMENT EVALUATION OF THE MASS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up scans for further treatment recommendations.; This study is being ordered for Vascular Disease.; Approximately 08/2016.; There has been treatment or conservative therapy.; Fairly asymptomatic at the moment.; Coumadin Therapy	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Henry returns for red tender spots under left arm. He developed an erythematous rash just beneath his left axilla about 2 weeks ago. He has been applying hydrocortisone as it was pruritic, but this is now improved. It does remain slightly tender to touch; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Initial lung cancer staging.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Initial staging for breast cancer diagnosis.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	INITIAL STAGING FOR NEWLY DIAGNOSED BREAST CANCER.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Initial Staging for non-small cell lung cancer just recently diagnosed with pathology report.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Initial staging workup for cancer. Also complaining of headaches. Ruling out brain mets.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Initial staging workup with Brain imaging. CT Chest to get clearer picture of anatomy. MRI Abdomen to evaluate elevated liver enzymes and rule out metastatic disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	KNOWN LUNG CANCER. LOOKING FOR METASTATIC DISEASE.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Michael returns today for follow-up with lab. He has completed 15 fractions of Whole Brain Radiation for PCI as of 12/07/2016. Restaging scans of PET and CT c/a/p results from early January were with possible infection in the RUL and no evidence of new d; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	newly diagnosed Breast Cancer, Stage IIIC. MRI Brain to complete staging workup and rule out brain mets.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	no; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months. Overall stable disease, only the RLE intramuscular lesions (right medial tight), has increased in intensity. ; Plan to continue surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient continues to lose weight although she says she is doing well overall. Scans requested for restaging purposes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient had ct scan that showed right lung mass; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has lost excessive weight, hemoptysis, adult-onset diabetes mellitus, shortness of breath and fatigue.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has lung mass/cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Patient started to have hands and feet neuropathy from around one and half years prior to the lymphoma diagnosis with symptoms of numbness, tingling and painful sensation. The neuropathy has been getting so bad to interfere his daily life. Neuropathy was ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with known Stage IV lung cancer complaining of headaches, dizziness, and memory loss. MRI to rule out cancer progression.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). Plan -carboplatin and paclitaxel cycle 2 TODAY -restaging scans; if he had good response we could consider RFA or SBRT  Konstantinos Arnaoutakis, MD; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Progression of disease, needs re-evaluation to productively come up with a stronger solution to the regimen.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has had a PET with changes and we need to evaluate possible mets of breast cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt is having neurological issues; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	SEE CLINICALS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	SMALL CELL CA OF THE LEFT LUNG. STATUS POST CHEMO WITH RADIATION THERAPY IN 2011. NOW WE ARE 6YRS OUT FROM HER PRIMARY TREATMENT AND THE RTIGHT LUNG HAS DEVELOPED A MASS WHICH WAS BIOPSIED AND CONTAINS SMALL CELL CA. DR WANTING SCANS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	small cell lung cancer -with brain mets-see progression; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Small cell lung cancer with paraneoplastic cerebellar ataxia. Radiation completed on 2/6/2017 and concurrent chemo completed on 2/10/2017.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	stage iv breast ca: pt currently taking ixempar and xeloda. dr wanting scans to assess response to tx.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	5
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	8
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	40
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	6

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	16
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	6
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	8
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST 71250 CT CHEST, THORAX	will fax information; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 3
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	4
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	9
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	7
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21 ultrasound was done; There has not been any treatment or conservative therapy.; anemia, spot found on gallbladder and liver	1
Approval	71250 CT CHEST, THORAX	; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	12
Approval	71250 CT CHEST, THORAX		2

Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	8
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for Inflammatory/ Infectious Disease.; 1/24/2016; There has not been any treatment or conservative therapy.; Cough, abdominal pain,history of Lymphoma.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for Inflammatory/ Infectious Disease.; 2/20/2017; There has not been any treatment or conservative therapy.; HIV positive with persistent clavicle adenopathy.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2017; There has not been any treatment or conservative therapy.; Abnormal labs, weight loss, night sweats, chills, axillary node/mass.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; FOLLOW UP; Lovenox; Xarelto; ASA	1

Approval	71250 CT CHEST, THORAX	; This study is being ordered for Vascular Disease.; 2015; There has been treatment or conservative therapy.; Michael is a middle-aged male with PMH significant for Wegener's granulomatosis and venous thrombosis of his RLE. He was initially diagnosed with a RLE DVT in 2015 (approximate). He took Coumadin for 6 months with resolution of DVT. He had a recurrent RLE;	1
Approval	71250 CT CHEST, THORAX	1. Anaplastic large cell lymphoma, ALK positive, diagnosed 10/15/15 by left groin biopsy.   MRI Pelvis at BMC on 10/1/15 revealed pathologically enlarged lymph node in the left groin measuring over 5cm in maximum dimension. There are smaller but slight; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	1. Bladder cancer diagnosed 8/11/14 with biopsy BMC revealing urothelial carcinoma, high-grade. Pathology #S14-11697.CARTI CTs on 10/21/16 revealed Stable unremarkable exam with no evidence of recurrent tumor at site of previously resolved right tempora; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	1. Mass of thoracic structure   WCMC MRI of thoracic spine on 1/3/17 revealed abnormal soft tissue involving the prevertebral region, posterior mediastinal mass encasing the descending thoracic aorta from approximately T6-T10 levels. Findings are susp; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	1. Primary mediastinal diffuse large B-cell lymphoma diagnosed 7/14/14 by mediastinal mass biopsy after having had abnormal CXR.History of pain secondary to malignancy.  Left arm deep venous thrombosis diagnosed 3/23/15 at BMC. Completed Xarelto, taki; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	1. Invasive ductal carcinoma of the right central breast, diagnosed 5/2016. Postmenopausal s/p TAH/BSO.    Postmenopausal, s/p TAH-BSO in the early 1990s. She has been on Premarin for hot flashes and mood swings for the past 8+ years. She is still taki; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Approval	71250 CT CHEST, THORAX	<p>12/13/16; Mr. Joye presents for follow-up. He went to MD Anderson for evaluation and they felt he needed to proceed with further therapy so we are going to continue with his therapy for two more cycles and rescan him. 11/14/16 only a X-ray of the chest was; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Approval	71250 CT CHEST, THORAX	<p>12/19/16: Maria is seen today in chemo room. A family member interprets for me today. She reports that Maria complains of a cough that persist. Benzoanate pearls provide some improvement. At night, she takes her pain pills and they provide some improvemen; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Approval	71250 CT CHEST, THORAX	<p>2/9/2017; Rosa Mendoza is here today for ongoing evaluation and management of her metastatic adenocarcinoma. Mrs. Mendoza is a very pleasanthispanic female who presented to NWMC in Jan 2014 with a new seizure. Routine imaging revealed a 2cm mass. Staging ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Approval	71250 CT CHEST, THORAX	<p>3 month follow up scans to evaluate disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1

Approval	71250 CT CHEST, THORAX	3 month follow up scans to evaluate Stage IIIC rectal cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	4 month followup for surveillance of cervical cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	20
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	62
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Abnormal EKG, swelling of neck after injury; This study is being ordered for trauma or injury.; 11/29/2016; There has not been any treatment or conservative therapy.; Swelling of neck	1
Approval	71250 CT CHEST, THORAX	Abnormal labs, elevated platelets and elevated CRP.;  Outside labs:Plts 340 on 9/1/16 Plts 401 and CRP 78.9 on 11/2/16.  CARTI lab: Plts 328 on 2/16/17  Current status 2/16/17: Normal Plt count today.   2. Anemia  Hgb 12.7 and Hct 38.2 with MCV; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; IMPRESSION 1. Abnormal labs, elevated platelets and elevated CRP.  Outside labs: Plts 340 on 9/1/16 Plts 401 and CRP 78.9 on 11/2/16.  CARTI lab: Plts 328 on 2/16/17  Current status 2/16/17: Normal Plt count today.   2. Anemia  Hgb 12.7 and; There has been treatment or conservative therapy.; ECOG Performance Status 1 Symptoms, but ambulatory. Restricted in physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature (e.g., light housework, office work). (Date: 02/16/2017)He has not had a temperature; HPI Mr. Hawkins presents to clinic for evaluation and treatment of elevated platelets and elevated CRP.  He has history of rocky mountain spotted fever in August of 2016. Other medical history includes hypertension.  Outside labs: Plts 340 on 9/1/1	1

Approval	71250 CT CHEST, THORAX	Assessment & Plan; IMPRESSION; 1. Follicular lymphoma, grade 2 presenting as lymphadenopathy with symptoms of night sweats. Splenomegaly present.; He presented to Dr. Pittman for lower abdomen pain that he had had for a long time, over the last few w; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	5
Approval	71250 CT CHEST, THORAX	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Approval	71250 CT CHEST, THORAX	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Attaching records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	bone scan in nov , worried about Mets; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Carcinoma of the lung scan to be done every other visit; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	CARTI CT 6/23/16 reveals normal head CT without contrast. Bilateral mastectomies with decrease in size of a left lateral subpectoral mass now measuring 3.5 cm compared to 6.0 x 5.3 cm on 3/16/16. Enlarging fluid filled abnormality involving the left later; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Approval	71250 CT CHEST, THORAX	Chemotherapy, restaging.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	chest pain intercostal pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above. Clinical research; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	coughing; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	CT Abdomen and Pelvis as well as a CT Chest have not been performed on the patient for breast cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	CT guided biopsy done in 12/2016; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; It is unknown if the diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	CT scans for chest, abdomen, pelvis for restaging. Patient has a lot of aching in her back and numbness in her feet.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	Faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	Faxing records.kg; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	follow up after chemo therapy.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease after completion of radiation and chemotherapy, 11/2016.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease and evaluate response to current treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease and further treatment recommendations.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	3
Approval	71250 CT CHEST, THORAX	Follow up screening; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	follow up to test done in nov; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Has cancer - checking for other lesions; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	His nivolumab was held until 11/2/2016 when it was restarted. He again developed respiratory symptoms. CT on 12/7/2017 showed persistent right upper lobe soft tissue density and fibro atelectatic changes connected to the right hila. Interval development o; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	hx Hodgkin's lymphoma; 3 mo f/u appt; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	I am scheduling CAT scans to be done on that day to further evaluate recurrent pain.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Initial lung cancer staging.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	Initial staging workup with Brain imaging. CT Chest to get clearer picture of anatomy. MRI Abdomen to evaluate elevated liver enzymes and rule out metastatic disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	71250 CT CHEST, THORAX	Last scans showed the regimen prior to was not covering all the different areas and some uptake is registering in areas of the patients body.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Left chest pain, increased pain in left rib; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	lung ca suspected; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Ms. Garvin presented for her first visit on 3/1/17 at the age of 38, date of birth 6/10/78. She was referred by Dr. Rogers with a recently diagnosed colorectal carcinoma. She had undergone a screening colonoscopy on 1/9/17 by Dr. Jacob Joseph that showed ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	N/A; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	71250 CT CHEST, THORAX	N/A; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	New metastasis disease showing on prior CT, a new pulmonary mass.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	Newly diagnosed Colon/liver/lung cancer//pt has acute chest pain and abd pain//inital staging for chemotherapy. 1. Metastatic colon cancer  Mucinous adenocarcinoma of GI tract diagnosed September, 2016   Presacral biopsy at MAYO on 8/10/16 reveale; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	newly diagnosed stage IA pure seminoma. CTs to follow up scans.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	none; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	71250 CT CHEST, THORAX	NONE; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Patient complained of being fatigued, weak with low energy and shortness of breath. Patient has also had some constipation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Patient complains of feet pain. Patient continues to have vaginal bleeding. She has numbness and tingling in her fingers and toes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	Patient complains of lower abdomen pain that comes and goes. Patient also been having headaches as well as diarrhea.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Patient completed chemotherapy treatments on 01/11/2017 after 6 cycles. Scans are being requested to evaluate her response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Patient completed treatment for breast cancer. Last scans in March 2016 showed no evidence of recurrent disease. Scans are requested for surveillance/followup purposes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Patient continues to have stomach pain and no energy. Patient also has shortness of breath, night sweats and fever.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Patient continues to lose weight although she says she is doing well overall. Scans requested for restaging purposes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Patient gets a general skin eruption due to drugs and meds being taken internally. Doctor is monitoring closely for regimen dosage.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	patient had ct scan that showed right lung mass; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	Patient has decreased breath sounds. Also from last scan in January 2017 There has been interval progressive disease in the pleura mets, pericardial mets, bone metastasis and also the soft tissue mass in the posterior left hemithorax.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Patient has lost excessive weight, hemoptysis, adult-onset diabetes mellitus, shortness of breath and fatigue.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Patient is complaining of chest and back pain.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient is in clinical research.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Patient is on a research program and the Pet done in Nov. showed hypermetabolic uptake within the sclerotic left femoral neck osseous lesion compatible with metastatic disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Patient was having left side weakness in arm and they did MRI's of Thoracic spine and Cervical Spine and EKG was borderline. There is mixed responses to the patients cancers on the regimen that was first started.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	71250 CT CHEST, THORAX	Patient with known history of Hodgkin Lymphoma with known paratracheal node that is being followed. Most recent CT Chest was 10/2016.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient with known RCC. CTs to evaluate disease status.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. PET SCAN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	PLAN; 1. Followup bone marrow aspiration and biopsy as indicated.; 2. Continue current home medications; - Paxil 5 mg daily; -Nexium 40 mg daily; -Estradiol 0.05 mg/24 hour patch; -Lorazepam prn; -Ondansetron prn; -B12 1000 mcg sq every other we; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	Plan; -carboplatin and paclitaxel cycle 2 TODAY; -restaging scans; if he had good response we could consider RFA or SBRT; Konstantinos Arnaoutakis, MD; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Pt has had a PET with changes and we need to evaluate possible mets of breast cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Pt has recently undergone surgery for Breast Cancer and had one positive lymph node. Pt needs scans to evaluate for further disease prior to starting treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	71250 CT CHEST, THORAX	Pt is under treatment//evaluate response; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	pt. is a former smoker; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	R/O lung cancer; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Required by the ordering doctor for the comparison to the last scans to check for reoccurrence.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	71250 CT CHEST, THORAX	restage corpus uteri and endometrial carcinoma after completion of chemotherapy on 2/2017; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	restage fallopian tube cancer with rising ca-125 tumor marker; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	restage lung cancer after completion of chemotherapy regimen; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	restage lung cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	Re-staging Follicular lymphoma, grade 2 of 3 by axillary lymph node biopsy 6/3/08 per Dr. Osam after presenting for evaluation after CT scan was obtained to rule out renal calculi in patient with hematuria which revealed left supraclavicular node and an ; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	Restaging and checking the response to treatments.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	RESTAGING BREAST AND THYROID.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	Restaging for Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	Re-staging 1. Transverse Colon Cancer  She initially presented to ED at SVI for abdominal pain and was admitted. She was taken to surgery for transverse colectomy, mobilization of splenic flexure, lymph node dissection, omentectomy and repair of inca; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Restaging Hodgkin's lymphoma, presenting as adenopathy.ACC PET/CT on 1/4/16 reveals stable examination with no evidence of metabolically active recurrent lymphoma. Stable inactive partially calcified thyroid nodules, which likely represent benign adenom; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	Restaging, 1. Non-Hodgkins lymphoma, follicular grade I, diagnosed 1/26/07 from positive biopsy of mediastinal lymphadenopathy at BMC.  Discussed diagnosis, treatment options and prognosis of follicular lymphoma at length with Mr. Turner.  Initiate; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	Right neck swelling with pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 03/13/2017; There has not been any treatment or conservative therapy.; New supra clavical adenopathy right	1
Approval	71250 CT CHEST, THORAX	Scans are requested for continued monitoring and management of her breast cancer and to evaluate her response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	Scans requested for upcoming followup visit to see if disease has progressed.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Scans requested to assess response to therapy.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Scans requested to continue to monitor his colon cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Scans to establish new baseline after break from chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	see attached; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	SEE CLINICALS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	SEE CLINICALS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	She also had CT c/a/p done on 2/2/17 for restaging, showed stable to treatment; response in the chest. However, there are bony destruction of the T2 and T3 vertebral bodies which can indicate worsening disease. She is asymptomatic and will start Xgeva to; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	71250 CT CHEST, THORAX	Small cell lung cancer with paraneoplastic cerebellar ataxia. Radiation completed on 2/6/2017 and concurrent chemo completed on 2/10/2017.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Stage IV infiltrating ductal breast carcinoma, ER+, right; Pt had ct done without contrast during a recent ER visit.; Physician requires a study w contrast for comparison to restage patients cancer during treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Strong indication of possible CLL, CT for staging workup of possible CLL.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2016; There has not been any treatment or conservative therapy.; Leukocytosis and lymphocytosis	1
Approval	71250 CT CHEST, THORAX	Surgery, History of Testicular type number 3C, Abnormal Lympho Nodes; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	SURVEILLANCE FOR MELANOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71250 CT CHEST, THORAX	swollen lymphnodes; fever unknown origin; elevated lab levels; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	71250 CT CHEST, THORAX	THE PROVIDER IS WANTING TO KNOW ABOUT THE CURRENT STATUS OF THE PTS CANCER AND TO SEE IF THE TREATMENTS ARE WORKING.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	the pt has a history of breast cancer and this is for restaging of that cancer and to see if the current treatments are working.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	the pt has recently been diagnosed with rectal cancer and this is for staging of that cancer and to check current treatment options.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has consistent cough, chest discomfort, headache, blurred vision. Dr. wants to rule out pneumonia or other infections; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	There were changes in the regimen the patient has undergone, trying to evaluate the response to therapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This is a research patient so there are request for scans for research.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This patient has had recent onset for worsening abdominal pain, nausea and vomiting. He is currently being treated and I suspect progressive tumor or possible obstruction. Joseph Beck MD; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	83
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	26
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	45

Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	209
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	11
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	13
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	8
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	16
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	93
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2

Approval	71250 CT CHEST, THORAX	<p>Ultrasound guided ParacentesisCARTI Abd U/S 1/9/17: Moderate ascites. This ascites would certainly be amenable to percutaneous access and drainage.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Approval	71250 CT CHEST, THORAX	<p>unk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unk; It is not known if there has been any treatment or conservative therapy.; rt. chest pain, fatigue, shortness of breath, Chemo; CT Scans-(June 2016) no evidence of Metastases disease, enlarged prostate. unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Approval	71250 CT CHEST, THORAX	<p>unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Approval	71250 CT CHEST, THORAX	<p>unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.</p>	1
Approval	71250 CT CHEST, THORAX	<p>unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.</p>	1
Approval	71250 CT CHEST, THORAX	<p>Upon last office visit patient states that she has occasional dizziness and spotting.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1

Approval	71250 CT CHEST, THORAX	We are going to schedule a followup CT scan of chest and abdomen to further evaluate the lesion seen on the study of 01/10/2017 in about 3-1/2 weeks and I will see him again after those results are available.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; It is unknown if other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	71250 CT CHEST, THORAX	We are scheduling CAT scans in a month to evaluate the disease status.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	) RECURRENT BLE DVT / PE- Ms. Fields is a middle aged female who presented with RLE DVT on 4/3/11. Her hypercoagulable work up showed PROTEIN C DEFICIENCY (13%), PROTEIN S DEFICIENCY (42%)-FALSE POSITIVE with HIGH tumor markers (CEA 6.6 and CA 19-9 86.2).; This study is being ordered for Vascular Disease.; 04/2012; There has been treatment or conservative therapy.; Carcinoembryonic antigen present (finding) (Date of Dx:04/24/2012) Deep venous thrombosis (disorder) (Date of Dx:02/2012) Iron deficiency anemia Protein C deficiency disease (disorder) (Date of Dx:04/2011, Protein C S deficiencies;) Pulmonary em; Lovenox Coumadin Arixtra Xarelto	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	11
Approval	71550 MRI CHEST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71550 MRI CHEST	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	1
Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3

Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	6
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This is a newly diagnosed patient with ovarian and endometrial cancer. There is pathologic fracture the doctor is concerned with and needs these scans for verification.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; pain; radiation	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	FOLLOW UP IN MEMBER WITH NEWLY FOUND MASS OF TEMPOROPARIETAL REGION OF THE BRAIN. PREVIOUS MRI DONE WAS OF POOR QUALITY DUE TO HER HAVING BRACES. SHE HAS HAD HER BRACES REMOVED. MRI RECOMMENDED FOR CONTINUED TREATMENT EVALUATION OF THE MASS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient started to have hands and feet neuropathy from around one and half years prior to the lymphoma diagnosis with symptoms of numbness, tingling and painful sensation. The neuropathy has been getting so bad to interfere his daily life. Neuropathy was ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt has cervical cancer and is experiencing radiating back pain from her lower back.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; It is not known if there is evidence or tumor or metastasis on bone scan or x-ray.; Suspected Tumor with or without Metastasis; <Enter Additional Clinical Information>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	14
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; pain; radiation	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	c/o of pain under left rib, surgery was performed before. Pt has had chemo for cancer, feels numbness and tingling.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Office visit when he c/o of the problem was 2/28/17; It is not known if there has been any treatment or conservative therapy.; pain and numbness and tingling radiating to his thigh	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Evaluation of progressive weakness in legs. Previously diagnosed metastatic spinal lesion and cord compression seen on MRI thoracic and lumbar spine done on with and without contrast 10/25/2016.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	FOLLOW UP IN MEMBER WITH NEWLY FOUND MASS OF TEMPOROPARIETAL REGION OF THE BRAIN. PREVIOUS MRI DONE WAS OF POOR QUALITY DUE TO HER HAVING BRACES. SHE HAS HAD HER BRACES REMOVED. MRI RECOMMENDED FOR CONTINUED TREATMENT EVALUATION OF THE MASS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Known Prostate cancer with bone mets. Complaining of back pain. Recent bone scan showed multiple osseous metastases. A few new or enlarging lesions are identified (T11, S1, R proximal femur, and L femoral head). MRIs to further evaluate.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient started to have hands and feet neuropathy from around one and half years prior to the lymphoma diagnosis with symptoms of numbness, tingling and painful sensation. The neuropathy has been getting so bad to interfere his daily life. Neuropathy was ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	14
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; pain; radiation	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	c/o of pain under left rib, surgery was performed before. Pt has had chemo for cancer, feels numbness and tingling.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Office visit when he c/o of the problem was 2/28/17; It is not known if there has been any treatment or conservative therapy.; pain and numbness and tingling radiating to his thigh	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Evaluation of progressive weakness in legs. Previously diagnosed metastatic spinal lesion and cord compression seen on MRI thoracic and lumbar spine done on with and without contrast 10/25/2016.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FOLLOW UP IN MEMBER WITH NEWLY FOUND MASS OF TEMPOROPARIETAL REGION OF THE BRAIN. PREVIOUS MRI DONE WAS OF POOR QUALITY DUE TO HER HAVING BRACES. SHE HAS HAD HER BRACES REMOVED. MRI RECOMMENDED FOR CONTINUED TREATMENT EVALUATION OF THE MASS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Known Prostate cancer with bone mets. Complaining of back pain. Recent bone scan showed multiple osseous metastases. A few new or enlarging lesions are identified (T11, S1, R proximal femur, and L femoral head). MRIs to further evaluate.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months. Patient started to have hands and feet neuropathy from around one and half years prior to the lymphoma diagnosis with symptoms of numbness, tingling and painful sensation. The neuropathy has been getting so bad to interfere his daily life. Neuropathy was ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient with history of testicular teratoma complaining of increasing back pain at site of known paraspinal fluid. MRI to evaluate and see if it needs to be drained.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt has cervical cancer and is experiencing radiating back pain from her lower back.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Known or suspected infection or abscess	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	14
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	72196 MRI PELVIS	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	72196 MRI PELVIS	Follow up to radiation treatments, Pt is diagnosed with cancer and completed course of radiation; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Approval	72196 MRI PELVIS	Known Prostate cancer with bone mets. Complaining of back pain. Recent bone scan showed multiple osseous metastases. A few new or enlarging lesions are identified (T11, S1, R proximal femur, and L femoral head). MRIs to further evaluate.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	72196 MRI PELVIS	RESTAGING FOR TREATMENT STRATEGY.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	8
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7

Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	10

Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Initial lung cancer staging.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; The patient has had a recent bone scan.; The bone scan was not normal.; The patient has not had recent plain films of the shoulder.; UNKNOWN	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for staging.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	73700 CT LEG OR LOWER EXTREMITY	patient with known history of Diffuse Large B Cell lymphoma. Has small posterior cervical nodes and mass on left thigh that need further investigation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	HAVING TROUBLE AMBULATING WITHOUT PAIN.; This study is being ordered for Inflammatory/ Infectious Disease.; FEBRUARY 2017; There has been treatment or conservative therapy.; PAIN AND SWELLING FROM THE FOOT UP THROUGH THE KNEE; PAIN MEDS, STEROIDS X2, ICE THERAPY AND STRETCHING	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; Known Tumor	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI." This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass near the hip.; The patient has a documented limitation of their range of motion.	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	CT guided biopsy done in 12/2016; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; It is unknown if the diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Follow up scans to evaluate disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Follow up screening; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	5
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	7
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21 ultrasound was done; There has not been any treatment or conservative therapy.; anemia, spot found on gallbladder and liver	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	) RECURRENT BLE DVT / PE- Ms. Fields is a middle aged female who presented with RLE DVT on 4/3/11. Her hypercoagulable work up showed PROTEIN C DEFICIENCY (13%), PROTEIN S DEFICIENCY (42%)-FALSE POSITIVE with HIGH tumor markers (CEA 6.6 and CA 19-9 86.2).; This study is being ordered for Vascular Disease.; 04/2012; There has been treatment or conservative therapy.; Carcinoembryonic antigen present (finding) (Date of Dx:04/24/2012) Deep venous thrombosis (disorder) (Date of Dx:02/2012) Iron deficiency anemia Protein C deficiency disease (disorder) (Date of Dx:04/2011, Protein C&S deficiencies;) Pulmonary em; Lovenox Coumadin Arixtra Xarelto	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	11
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	8
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; 1/24/2016; There has not been any treatment or conservative therapy.; Cough, abdominal pain,history of Lymphoma.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2017; There has not been any treatment or conservative therapy.; Abnormal labs, weight loss, night sweats, chills, axillary node/mass.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; FOLLOW UP; Lovenox Xarelto ASA ; This study is being ordered for Vascular Disease.; 2015; There has been treatment or conservative therapy.; Michael is a middle-aged male with PMH significant for Wegener's granulomatosis and venous thrombosis of his RLE. He was initially diagnosed with a RLE DVT in 2015 (approximate). He took Coumadin for 6 months with resolution of DVT. He had a recurrent RLE;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. Anaplastic large cell lymphoma, ALK positive, diagnosed 10/15/15 by left groin biopsy.   MRI Pelvis at BMC on 10/1/15 revealed pathologically enlarged lymph node in the left groin measuring over 5cm in maximum dimension. There are smaller but slight; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. Bladder cancer diagnosed 8/11/14 with biopsy BMC revealing urothelial carcinoma, high-grade. Pathology #S14-11697.CARTI CTs on 10/21/16 revealed Stable unremarkable exam with no evidence of recurrent tumor at site of previously resolved right tempora; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. Mass of thoracic structure   WCMC MRI of thoracic spine on 1/3/17 revealed abnormal soft tissue involving the prevertebral region, posterior mediastinal mass encasing the descending thoracic aorta from approximately T6-T10 levels. Findings are susp; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. Primary mediastinal diffuse large B-cell lymphoma diagnosed 7/14/14 by mediastinal mass biopsy after having had abnormal CXR. History of pain secondary to malignancy. Left arm deep venous thrombosis diagnosed 3/23/15 at BMC. Completed Xarelto, tiki; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. Invasive ductal carcinoma of the right central breast, diagnosed 5/2016. Postmenopausal s/p TAH/BSO. Postmenopausal, s/p TAH-BSO in the early 1990s. She has been on Premarin for hot flashes and mood swings for the past 8+ years. She is still tiki; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	12/13/16; Mr. Joye presents for follow-up. He went to MD Anderson for evaluation and they felt he needed to proceed with further therapy so we are going to continue with his therapy for two more cycles and rescan him. 11/14/16 only a X-ray of the chest was; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	12/19/16: Maria is seen today in chemo room. A family member interprets for me today. She reports that Maria complains of a cough that persist. Benzoanate pearls provide some improvement. At night, she takes her pain pills and they provide some improvement; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	2/9/2017; Rosa Mendoza is here today for ongoing evaluation and management of her metastatic adenocarcinoma. Mrs. Mendoza is a very pleasant hispanic female who presented to NWMC in Jan 2014 with a new seizure. Routine imaging revealed a 2cm mass. Staging ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	3 month follow up scans to evaluate disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	3 month follow up scans to evaluate Stage IIIC rectal cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	4 month followup for surveillance of cervical cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abnormal labs, elevated platelets and elevated CRP.  Outside labs:Plts 340 on 9/1/16 Plts 401 and CRP 78.9 on 11/2/16.  CARTI lab: Plts 328 on 2/16/17  Current status 2/16/17: Normal Plt count today.   2. Anemia  Hgb 12.7 and Hct 38.2 with MCV; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; IMPRESSION 1. Abnormal labs, elevated platelets and elevated CRP.  Outside labs: Plts 340 on 9/1/16 Plts 401 and CRP 78.9 on 11/2/16.  CARTI lab: Plts 328 on 2/16/17  Current status 2/16/17: Normal Plt count today.   2. Anemia  Hgb 12.7 and; There has been treatment or conservative therapy.; ECOG Performance Status 1 Symptoms, but ambulatory. Restricted in physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature (e.g., light housework, office work). (Date: 02/16/2017)He has not had a temperature; HPI Mr. Hawkins presents to clinic for evaluation and treatment of elevated platelets and elevated CRP.  He has history of rocky mountain spotted fever in August of 2016. Other medical history includes hypertension.  Outside labs: Plts 340 on 9/1/1	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Assessment & Plan; IMPRESSION; 1. Follicular lymphoma, grade 2 presenting as lymphadenopathy with symptoms of night sweats. Splenomegaly present.; He presented to Dr. Pittman for lower abdomen pain that he had had for a long time, over the last few w; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.</p> <p>Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Attaching clinicals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</p> <p>Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p> <p>Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Attaching records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.</p>	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>CARTI CT 6/23/16 reveals normal head CT without contrast. Bilateral mastectomies with decrease in size of a left lateral subpectoral mass now measuring 3.5 cm compared to 6.0 x 5.3 cm on 3/16/16. Enlarging fluid filled abnormality involving the left later; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	checking for any mass or swollen lymphnodes that could be causing the pts symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/21/2017; It is not known if there has been any treatment or conservative therapy.; weight loss; abdominal pain; abnormal lab levels; fatigue	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Chemotherapy, restaging.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Clinical research; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	CT Abdomen and Pelvis as well as a CT Chest have not been performed on the patient for breast cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	CT scans for chest, abdomen, pelvis for restaging. Patient has a lot of aching in her back and numbness in her feet.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Enter answer here - or Type In U CT scan as compared to August and November showed stable findings of the left apex infiltrate. No evidence of cancer recurrence. He previously had a left lower lobe superior segment infiltrate that measures about 2 cm w; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing records.kg; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease after completion of radiation and chemotherapy, 11/2016.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease and evaluate response to current treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease and further treatment recommendations.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	follow up to test done in nov; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	His nivolumab was held until 11/2/2016 when it was restarted. He again developed respiratory symptoms. CT on 12/7/2017 showed persistent right upper lobe soft tissue density and fibro atelectatic changes connected to the right hila. Interval development o; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months. I am scheduling CAT scans to be done on that day to further evaluate recurrent pain.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Initial lung cancer staging.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Last scans showed the regimen prior to was not covering all the different areas and some uptake is registering in areas of the patients body.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Ms. Garvin presented for her first visit on 3/1/17 at the age of 38, date of birth 6/10/78. She was referred by Dr. Rogers with a recently diagnosed colorectal carcinoma. She had undergone a screening colonoscopy on 1/9/17 by Dr. Jacob Joseph that showed ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	N/A; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	N/A; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	New metastasis disease showing on prior CT, a new pulmonary mass.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Newly diagnosed Colon/liver/lung cancer//pt has acute chest pain and abd pain//inital staging for chemotherapy. 1. Metastatic colon cancer  Mucinous adenocarcinoma of GI tract diagnosed September, 2016   Presacral biopsy at MAYO on 8/10/16 reveale; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	newly diagnosed stage IA pure seminoma. CTs to follow up scans.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	none; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	NONE; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	ON 03/01/2017 pelvic pain intermittent since last visit and getting worse last visit was 11/30/2016. Impression; Surveillance stage IIIB low grade serous carcinoma of the ovary, stage IIIB with + node.; S/p optimal debulking.; S/p adjuvant Paclitaxel; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient complained of being fatigued, weak with low energy and shortness of breath. Patient has also had some constipation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient complains of feet pain. Patient continues to have vaginal bleeding. She has numbness and tingling in her fingers and toes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient complains of lower abdomen pain that comes and goes. Patient also been having headaches as well as diarrhea.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient completed chemotherapy treatments on 01/11/2017 after 6 cycles. Scans are being requested to evaluate her response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient completed treatment for breast cancer. Last scans in March 2016 showed no evidence of recurrent disease. Scans are requested for surveillance/followup purposes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient continues to have stomach pain and no energy. Patient also has shortness of breath, night sweats and fever.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient continues to lose weight although she says she is doing well overall. Scans requested for restaging purposes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient gets a general skin eruption due to drugs and meds being taken internally. Doctor is monitoring closely for regimen dosage.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient had ct scan that showed right lung mass; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Patient has decreased breath sounds. Also from last scan in January 2017 There has been interval progressive disease in the pleura mets, pericardial mets, bone metastasis and also the soft tissue mass in the posterior left hemithorax.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has lost excessive weight, hemoptysis, adult-onset diabetes mellitus, shortness of breath and fatigue.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is in clinical research.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is on a research program and the Pet done in Nov. showed hypermetabolic uptake within the sclerotic left femoral neck osseous lesion compatible with metastatic disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient was having left side weakness in arm and they did MRI's of Thoracic spine and Cervical Spine and EKG was borderline. There is mixed responses to the patients cancers on the regimen that was first started.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient with known RCC. CTs to evaluate disease status.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	PET SCAN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	PLAN; 1. Followup bone marrow aspiration and biopsy as indicated.; 2. Continue current home medications; - Paxil 5 mg daily; -Nexium 40 mg daily; -Estradiol 0.05 mg/24 hour patch; -Lorazepam prn; -Ondansetron prn; -B12 1000 mcg sq every other we; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Plan; -carboplatin and paclitaxel cycle 2 TODAY; -restaging scans; if he had good response we could consider RFA or SBRT; Konstantinos Arnaoutakis, MD; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has had a PET with changes and we need to evaluate possible mets of breast cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has recently undergone surgery for Breast Cancer and had one positive lymph node. Pt needs scans to evaluate for further disease prior to starting treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt is under treatment//evaluate response; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Required by the ordering doctor for the comparison to the last scans to check for reoccurrence.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	restage corpus uteri and endometrial carcinoma after completion of chemotherapy on 2/2017; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	restage fallopian tube cancer with rising ca-125 tumor marker; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	restage lung cancer after completion of chemotherapy regimen; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	restage lung cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Re-staging Follicular lymphoma, grade 2 of 3 by axillary lymph node biopsy 6/3/08 per Dr. Osam after presenting for evaluation after CT scan was obtained to rule out renal calculi in patient with hematuria which revealed left supraclavicular node and an ; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging and checking the response to treatments.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING BREAST AND THYROID.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging for Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Re-staging; 1. Transverse Colon Cancer; She initially presented to ED at SVI for abdominal pain and was admitted. She was taken to surgery for transverse colectomy, mobilization of splenic flexure, lymph node dissection, omentectomy and repair of inca; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging; Hodgkin's lymphoma, presenting as adenopathy. ACC PET/CT on 1/4/16 reveals stable examination with no evidence of metabolically active recurrent lymphoma. Stable inactive partially calcified thyroid nodules, which likely represent benign adenom; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging, 1. Non-Hodgkins lymphoma, follicular grade I, diagnosed 1/26/07 from positive biopsy of mediastinal lymphadenopathy at BMC.; Discussed diagnosis, treatment options and prognosis of follicular lymphoma at length with Mr. Turner.; Initiate; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Scans are requested for continued monitoring and management of her breast cancer and to evaluate her response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Scans requested for upcoming followup visit to see if disease has progressed.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Scans requested to assess response to therapy.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Scans requested to continue to monitor his colon cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Scans to establish new baseline after break from chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	see attached; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	SEE CLINICALS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	SEE CLINICALS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	SEE CLINICALS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	She also had CT c/a/p done on 2/2/17 for restaging, showed stable to treatment response in the chest. However, there are bony destruction of the T2 and T3 vertebral bodies which can indicate worsening disease. She is asymptomatic and will start Xgeva to; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Strong indication of possible CLL, CT for staging workup of possible CLL.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2016; There has not been any treatment or conservative therapy.; Leukocytosis and lymphocytosis	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Surgery, History of Testicular type number 3C, Abnormal Lympho Nodes; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	SURVEILLANCE FOR MELANOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	swollen lymphnodes; fever unknown origin; elevated lab levels; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	THE PROVIDER IS WANTING TO KNOW ABOUT THE CURRENT STATUS OF THE PTS CANCER AND TO SEE IF THE TREATMENTS ARE WORKING.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	There were changes in the regimen the patient has undergone, trying to evaluate the response to therapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; Surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Patient reports abdominal pain x 3 months, post gall bladder surgery. Abd US was negative, c/o of abd pain 7/10. Diagnosed with Hypercalcemia, GERD, elevated liver function test. History gall bladder surgery, hysterectomy. trying to find etiology of ab	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; Baseline monitoring, patient had known tumor it was removed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient receiving scans due to abdominal pain.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt has personal history tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Rule out occurrence of disease	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases	11
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	34
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases	3

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; ; Yes this is a request for a Diagnostic CT	4

Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; known tumor treated w resection/chemo; no evidence of malignance; monitoring stage; annual scan; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Patient has advanced stage sollicular lymphoma and left lower quadrant pain and a pelvic ultrasound shoed a right overion cyst; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Recent MRI Pelvis done 12/28/16 mentions that ileal mass is better characterized in a previous CT and possible that it has decreased in size. CT to get better picture of mass.</p>	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; unknown; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a research patient so there are request for scans for research.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This patient has had recent onset for worsening abdominal pain, nausea and vomiting. He is currently being treated and I suspect progressive tumor or possible obstruction.; Joseph Beck MD; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	78
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	25

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	45
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	191
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	11
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	11
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	15

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	90
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	ultrasound performed on 01/17./2017; tumor found on ultrasound; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unk; It is not known if there has been any treatment or conservative therapy.; rt. chest pain, fatigue, shortness of breath, Chemo; CT Scans-(June 2016) no evidence of Metastases disease, enlarged prostate.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Upon last office visit patient states that she has occasional dizziness and spotting.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	We are going to schedule a followup CT scan of chest and abdomen to further evaluate the lesion seen on the study of 01/10/2017 in about 3-1/2 weeks and I will see him again after those results are available.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; It is unknown if other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	We are scheduling CAT scans in a month to evaluate the disease status.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Approval	74181 MRI ABDOMEN	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74181 MRI ABDOMEN	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months. Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74181 MRI ABDOMEN	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74181 MRI ABDOMEN	Initial staging workup with Brain imaging. CT Chest to get clearer picture of anatomy. MRI Abdomen to evaluate elevated liver enzymes and rule out metastatic disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74181 MRI ABDOMEN	On previous CT scan of Abdomen pelvis performed on 01/12/2017 there is a 1.5 cm soft tissue attenuating nodular lesion in the right kidney. Further characterization with renal protocol MRI is recommended.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. Rising CEA, 3 masses in the liver, 1.1 cm para-aortic lymph nodes all new symptoms and signs.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Neuroendocrine cancer diagnosed 10/2016. MRI to evaluate disease status and determine treatment recommendations.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 4 or more follow-up abdomen MRIs.; The last abdomen MRI was performed within the last 6 months.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Follow up to radiation therapy. Will provide clinicals	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; ACUTE ABDOMINAL PAIN. RULE OUT METS.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Attaching clinicals	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; LEUKOCYTOSIS, SWELLING IN LEGS, EASY FATIGUE, DYSPNEA	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	3
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Faxing records	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; abnormal scan	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Enter answer here - or Type  7. MRI with adrenal protocol to assess right adrenal gland.   8. Return to clinic in 6 months for repeat assessment with CBC,CMP, CEA.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; lymphoma	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient with breast cancer new mass found on CT on 2/2/17 and radiologist recommended an MRI of the abdomen	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 1. Newly diagnosed invasive ductal carcinoma of the RUO breast s/p lumpectomy, diagnosed 12/2016. Concern for possible metastatic disease on initial staging scans. Premenopausal.  Patient underwent a screening mammogram on 11/16/16 at BMC which revealed	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ABNORMALITY ON CT	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ADRENAL NODULES	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Attaching clinicals	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; CT ABD/PEL 12/30/16-1. 4.2 x 3.3 cm heterogeneously enhancing mass in the upper pole of the right kidney, highly suspicious for renal cell carcinoma. Oncocytoma and metastatic disease are considered less likely. 2. No lymphadenopathy in the abdomen and	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; Mr. Richardson presents for follow-up and to discuss treatment. He is having more abdominal pain, complains of pain in his liver, chills, nausea, fatigue, and no appetite. Complains of swollen lymph node in his groin.	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; unknown	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Follow up test after 03/23/17 CT Abdomen that showed multiple tiny hyper enhancing masses in the liver. Metastases cannot be excluded, MRI recommended.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient has had a CT scan when she was hospitalized that showed a 1.4 cm liver lesion in the right lobe of liver.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; PER abd/pelvis CT: Mild diffuse fatty infiltration of the liver with subtle focal; fatty sparing around the gallbladder. Probably small cavernous; hemangioma in the inferior right lobe. Please consider ultrasound of the liver for confirmation; results of	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; abdominal pain	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	3

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Ms. Anderson is a 38 year old caucasian female who is referred to us for positive mutation for lynch syndrome. She has a very strong family history of colon cancer, which is what prompted her to have genetic mutation testing. Her father was diagnosed with	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; PATIENT HAS BLOOD IN STOOL AND VOMITING UP BLOOD. PAIN LUQ ALONG WITH WEAKNESS.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; SUSPECTED LIVER CANCER	1
Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	74181 MRI ABDOMEN	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	2
Approval	75557 Cardiac MRI Morph & structure w/o contrast	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1

Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Bilateral breast MRI with and without contrast; reason-mammogram was abnormal; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Family history of BRCA positive and patient with breast lump.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	History of breast cancer; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient has nipple discharge with inverted nipple. Ultrasound imaging was not able to clearly evaluate a deep thickening to the nipple; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	3
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2

Approval	77078 CT bone mineral density study, 1 or more sites; axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1
Approval	77084 Magnetic resonance imaging, bone marrow blood supply	RESTAGING FOR TREATMENT STRATEGY.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	12
Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Initial staging for breast cancer diagnosis.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	INITIAL STAGING FOR KNOWN CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.; unknown	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	6
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; restaging: The left ventricular ejection fraction is calculated as 61%.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; unknown	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.;	8

Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; RESTAGING MULTIPLE MYELOMA	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; unknown	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will not be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; unknown	2
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; It is not known if there is a change in cardiac signs or symptoms.; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; It is not known if there is a change in cardiac signs or symptoms.; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.;	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.;	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; unknown	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.;	2

Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; DIFFUSE LARGE B-CELL LYMPHOMA. PT NEEDING MUGA SCAN BEFORE START OF CHEMO.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Patient has her initial visit on 02/27/2017. Chemotherapy to begin in approximately 2 weeks. Patient has active disease seen in lymph nodes of the neck, chest and abdomen as well as in the liver, spleen and multiple skeletal sites.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Patient is planned to start chemo that can have effects on the heart, it is standard of care to test heart function prior to treatment. Patient does have a previous history of chemo and it is imperative that we check this prior to starting back for recurr	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Patient will be receiving high dose chemotherapy prior to Stem Cell Transplant.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Patient will be starting high dose chemotherapy prior to receiving Stem Cell Transplant.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Patient would like to start chemo on 3/17 for Stage IIA breast cancer. Paclitaxel/Carboplatin followed by Adriamycin/Cyclophosphamide. The paclitaxel is given IV weekly at 80 mg/m2 concomitantly with carboplatin AUC 2 every three weeks. Adriamycin 60 mg/	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Staging for High dose chemotherapy	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; staging for patient to start high dose chemotherapy.	1

Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Test to establish baseline heart function prior to starting treatment for known cervical/uterine cancer.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; unknown	2
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is NOT being ordered for Chemotherapy, Known Cardiomyopathy/ Myocarditis, Suspected Cardiomyopathy/ Myocarditis, or Congestive Heart Failure.; unknown	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	6
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	78813 PET IMAGING WHOLE BODY	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78813 PET IMAGING WHOLE BODY	no; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	78813 PET IMAGING WHOLE BODY	pt is having neurological issues; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78813 PET IMAGING WHOLE BODY	SMALL CELL CA OF THE LEFT LUNG. STATUS POST CHEMO WITH RADIATION THERAPY IN 2011. NOW WE ARE 6YRS OUT FROM HER PRIMARY TREATMENT AND THE RTIGHT LUNG HAS DEVELOPED A MASS WHICH WAS BIOPSIED AND CONTAINS SMALL CELL CA. DR WANTING SCANS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78813 PET IMAGING WHOLE BODY	stage iv breast ca: pt currently taking ixempar and xeloda. dr wanting scans to assess response to tx.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.	3
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1

Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	3
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1

Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 2 PET Scans have already been performed on this patient for this cancer.	2

Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; More than 4 PET Scans have already been performed on this patient for this cancer.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.	3
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.	1

Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	3
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	7
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1

Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	78813 PET IMAGING WHOLE BODY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	63 yr old man with a history of nonobstructive CAD, seizure disorder, abdominal aortic aneurism (4.7mm on surveillance), nephrolithiasis, and small cell lung cancer. Completing chemo on 3/24/2017.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	4
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Attaching records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	concerned of recurring disease; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	continues w/ shortness of breath since the end of last year, has tried different medications w/ no relief, and c/o of fatigue; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Henry returns for red tender spots under left arm. He developed an erythematous rash just beneath his left axilla about 2 weeks ago. He has been applying hydrocortisone as it was pruritic, but this is now improved. It does remain slightly tender to touch; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	INITIAL STAGING FOR KNOWN CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	INITIAL STAGING FOR NEWLY DIAGNOSED BREAST CANCER.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Initial Staging for non-small cell lung cancer just recently diagnosed with pathology report.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Michael returns today for follow-up with lab. He has completed 15 fractions of Whole Brain Radiation for PCI as of 12/07/2016. Restaging scans of PET and CT c/a/p results from early January were with possible infection in the RUL and no evidence of new d; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Newly diagnosed right breast cancer. Doctor is requesting scans for the baseline for treatment for the patient and to see if there is any spread of disease throughout the body's organs.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Overall stable disease, only the RLE intramuscular lesions (right medial thigh), has increased in intensity. ; ; Plan to continue surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Patient has lung mass/cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	RESTAGING KNOWN URINARY CANCER WITH BONE AND LIVER LESIONS THAT ARE PROGRESSIVE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Rising CEA, 3 masses in the liver, 1.1 cm para-aortic lymph nodes all new symptoms and signs.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	SEE CLINICALS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	SEE CLINICALS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	The reoccurrence of cancer is previously seen on the prior scans in the supraclavicular lymph node. The regimen may have to be adjusted.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	6
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Breast Cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Melanoma.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on something other than a diagnostic test, imaging study or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	2

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.	7
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.	6
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	13
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	7
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	6
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	14
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; It is unknown if this is for evaluation of regional lymph nodes.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	3

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	14
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	18
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	9
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	7
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	8
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	3
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	4
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	8
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	5
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	3
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.	5

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	6
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	7
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	3
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 2 PET Scans have already been performed on this patient for this cancer.	13
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 3 PET Scans have already been performed on this patient for this cancer.	2

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA. This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.	4
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 3 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small cell or non small cell lung cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	5
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	3
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	2

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.	6
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	9
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	14
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	5

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	3
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; It is unknown how many PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	8
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	7
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	3
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	2

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	6
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	6
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	3

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	6
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	5
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	will fax information; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2
Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	1. Non-small cell carcinoma of the lung, diagnosed 5/27/14.; Ms. Olson presents for initial evaluation of newly diagnosed adenocarcinoma of the right lung ; Status post CT guided biopsy of right lower lobe lung mass 5/27/14 with pathology reveal; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	1. Ovarian cancer, mucinous adenocarcinoma. ; History of menometrorrhagia with endometrial thermal ablation in 2010.; Patient had a routine gyn exam in September 2015 and a pelvic mass was noted that was not present in 2014. Pelvic US was suggestive ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	2. History of gastric bypass surgery in 1995, with subsequent malabsorption syndrome with inability to absorb oral iron.; 3. Memory loss.; 4. Headaches.; 5. Hypertension.; 6. Depression.; 7. History of low potassium level at 2.9 on 6/8; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. History of iron deficiency anemia due to gastric bypass surgery.; Status post six cycle of IV iron 500 mg in 1997. Recurrent iron deficiency documented 6/10/03. with ferritin of 5 and symptomatic anemia with Hgb of 10.5.; Resumed IV iron 600 mg; There has been treatment or conservative therapy.; extreme fatigue, body aches, headaches, weight loss; Status post six cycle of IV iron 500 mg in 1997. Recurrent iron deficiency documented 6/10/03. with ferritin of 5 and symptomatic anemia with Hgb of 10.5.; Resumed IV iron 600 mg on 6/16/03 for symptomatic anemia with Hgb of 10.5 g/dL, documented iro	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	concerned of recurring disease; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Dr. Bradford is checking for any type of reoccurrence or metastasis if any, keeping surveillance on the patient.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Newly diagnosed right breast cancer. Doctor is requesting scans for the baseline for treatment for the patient and to see if there is any spread of disease throughout the body's organs.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	R/O tumor; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Restaging to begin chemotherapy; Newly diagnosed metastatic adenocarcinoma of colon s/p primary lesion resection 10/2016 by Dr. Turner. Post op course complicated with bowel fistula and abdominal/pelvic abscesses then with subsequent imaging revealing l; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	restage breast cancer and evaluate sinusitis with bloody discharge; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	(1st) HODGKIN'S LYMPHOMA, NODULAR SCLEROSIS 09/29/16; Primary Disease Status; Remission. Impression/ Plan; Tyler us a 19 y/o male with Hodgkin lymphoma on an NPTP with OPEPA/COPDac. He is on cycle 6 day 1 (course 4/4 of COPDac); End of Therapy E; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	. Splenomegaly, leukopenia, adenopathy; Outside CT; CT of abdomen and pelvis on 1/13/17 revealed limited non contrast study. Multiple bilateral non obstructing. No obstructive uropathy or asymmetric dilatation of either renal collecting system. Numerous; This study is being ordered for Inflammatory/ Infectious Disease.; 01/13/17; It is not known if there has been any treatment or conservative therapy.; abdominal swelling; HPI; Ms. Golden presents to clinic for evaluation of adenopathy, leukopenia, and splenomegaly.; She has a history of tonsillitis and kidney stones which has resulted in numerous ER visits and admissions to DeWitt Hospital. She has	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	1. Pulmonary embolism.; Hospitalized at BMC for bilateral pulmonary emboli 02/3/12. CT pulmonary angiogram per Dr Jones revealed massive bilateral emboli. Bilateral venous Doppler study revealed nonocclusive thrombus in the left popliteal vein.; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; LRHO Bone Scan and CT on 9/14/15 no focal abnormality seen suspicious for metastasis. Mild activity is seen in the sternum likely at the sternomanubrial joint. Normal CT of the brain. Changes of prior thyroidectomy or ablation otherwise unremarkable C; There has been treatment or conservative therapy.; History of PE//Head and Neck Cancer; Current status of PE 11/14/16: Stable on Eliquis and ASA.; 5. Completed XRT at CARTI per Dr. Talbert for radiation therapy.; 6. Completed chemotherapy with Cisplatin, Taxotere, and 5-FU days 1-3 q 3 weeks x 2 cycles with concomitant radiation thera	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	concerned of recurring disease; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically	n/a; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/12/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	(1st) HODGKIN'S LYMPHOMA, NODULAR SCLEROSIS 09/29/16; Primary Disease Status; Remission. Impression/ Plan; Tyler us a 19 y/o male with Hodgkin lymphoma on an NPTP with OPEPA/COPDac. He is on cycle 6 day 1 (course 4/4 of COPDac); End of Therapy E; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	. Splenomegaly, leukopenia, adenopathy; Outside CT; CT of abdomen and pelvis on 1/13/17 revealed limited non contrast study. Multiple bilateral non obstructing. No obstructive uropathy or asymmetric dilatation of either renal collecting system. Numerou; This study is being ordered for Inflammatory/ Infectious Disease.; 01/13/17; It is not known if there has been any treatment or conservative therapy.; abdominal swelling; HPI; Ms. Golden presents to clinic for evaluation of adenopathy, leukopenia, and splenomegaly.; She has a history of tonsillitis and kidney stones which has resulted in numerous ER visits and admissions to DeWitt Hospital. She has	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	1. Non-small cell carcinoma of the lung, diagnosed 5/27/14.    Ms. Olson presents for initial evaluation of newly diagnosed adenocarcinoma of the right lung   Status post CT guided biopsy of right lower lobe lung mass 5/27/14 with pathology reveal; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	1. Ovarian cancer, mucinous adenocarcinoma.   History of menometrorrhagia with endometrial thermal ablation in 2010.  Patient had a routine gyn exam in September 2015 and a pelvic mass was noted that was not present in 2014. Pelvic US was suggestive ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	2. History of gastric bypass surgery in 1995, with subsequent malabsorption syndrome with inability to absorb oral iron.  3. Memory loss  4. Headaches.  5. Hypertension.  6. Depression.  7. History of low potassium level at 2.9 on 6/8; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. History of iron deficiency anemia due to gastric bypass surgery.  Status post six cycle of IV iron 500 mg in 1997. Recurrent iron deficiency documented 6/10/03. with ferritin of 5 and symptomatic anemia with Hgb of 10.5.  Resumed IV iron 600 mg; There has been treatment or conservative therapy.; extreme fatigue, body aches, headaches, weight loss; Status post six cycle of IV iron 500 mg in 1997. Recurrent iron deficiency documented 6/10/03. with ferritin of 5 and symptomatic anemia with Hgb of 10.5.  Resumed IV iron 600 mg on 6/16/03 for symptomatic anemia with Hgb of 10.5 g/dL, documented iro	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.;	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Attaching clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Attaching clinicals; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	4
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	2
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	checking for any mass or swollen lymphnodes that could be causing the pts symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/21/2017; It is not known if there has been any treatment or conservative therapy.; weight loss; abdominal pain; abnormal lab levels; fatigue	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	concerned of recurring disease; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	continues w/ shortness of breath since the end of last year, has tried different medications w/ no relief, and c/o of fatigue; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient with thrombocytosis, eosinophilia, and iron deficiency. Not improving. Recent COMPASS came back normal. Abdominal US came back within normal limits. Scan to rule out any other processes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Approximately 11/2016.; There has not been any treatment or conservative therapy.; Labs not improving.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Polycythemia with elevated liver functions; This study is being ordered for Inflammatory/ Infectious Disease.; 02/01/2016; There has not been any treatment or conservative therapy.; Worsening hematologic parameters	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Progression of disease, needs re-evaluation to productively come up with a stronger solution to the regimen.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	R/O tumor; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	restage breast cancer and evaluate sinusitis with bloody discharge; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Restaging after 2 cycles of chemotherapy to see if chemotherapy regimen needs to be changed.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Restaging to begin chemotherapy; Newly diagnosed metastatic adenocarcinoma of colon s/p primary lesion resection 10/2016 by Dr. Turner. Post op course complicated with bowel fistula and abdominal/pelvic abscesses then with subsequent imaging revealing I; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Stage IVB...Metastatic disease in liver and lung...scan requested for continued evaluation and management of his rectal cancer...; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	SUBJECTIVE: Ron A Peerson, 46 y.o. old, male is here to monitor his DVT and anticoagulant use. He is current 25 pack year smoker with Past Medical History of GI bleeding, ulcerative colitis, anxiety, DVT/PE, chronic back pain, and Past Surgical History o; This study is being ordered for Vascular Disease.; 4/2016; There has been treatment or conservative therapy.; Today, Mr Peerson presents to my office to discuss worsening swelling of his right leg. He states when he is on his feet all day the swelling is worse and now it has become quite intolerable. He was recently seen in the ER where a venous doppler once aga; Xarelto since 4/2016, IVC filter placed 12/2016 This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	ultrasound performed on 01/17./2017; tumor found on ultrasound; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	1. Pulmonary embolism.  Hospitalized at BMC for bilateral pulmonary emboli 02/3/12. CT pulmonary angiogram per Dr Jones revealed massive bilateral emboli. Bilateral venous Doppler study revealed nonocclusive thrombus in the left popliteal vein.  ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; LRHO Bone Scan and CT on 9/14/15 no focal abnormalitiy seen suspicious for metastasis. Mild activity is seen in the sternum likely at the sternomanubrial joint. Normal CT of the brain. Changes of prior thyroidectomy or ablation otherwise unremarkable C; There has been treatment or conservative therapy.; History of PE//Head and Neck Cancer; Current status of PE 11/14/16: Stable on Eliquis and ASA.  5. Completed XRT at CARTI per Dr. Talbert for radiation therapy.  6. Completed chemotherapy with Cisplatin, Taxotere, and 5-FU days 1-3 q 3 weeks x 2 cycles with concomitant radiation thera	1
Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a newly diagnosed patient with ovarian and endometrial cancer. There is pathologic fracture the doctor is concerned with and needs these scans for verification.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	HAVING TROUBLE AMBULATING WITHOUT PAIN.; This study is being ordered for Inflammatory/ Infectious Disease.; FEBRUARY 2017; There has been treatment or conservative therapy.; PAIN AND SWELLING FROM THE FOOT UP THROUGH THE KNEE; PAIN MEDS, STEROIDS X2, ICE THERAPY AND STRETCHING	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. Splenomegaly, leukopenia, adenopathy; Outside CT; CT of abdomen and pelvis on 1/13/17 revealed limited non contrast study. Multiple bilateral non obstructing. No obstructive uropathy or asymmetric dilatation of either renal collecting system. Numerous; This study is being ordered for Inflammatory/ Infectious Disease.; 01/13/17; It is not known if there has been any treatment or conservative therapy.; abdominal swelling; HPI; Ms. Golden presents to clinic for evaluation of adenopathy, leukopenia, and splenomegaly.; She has history of tonsillitis and kidney stones which has resulted in numerous ER visits and admissions to DeWitt Hospital. She has	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O tumor; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/12/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	1. Non-small cell carcinoma of the lung, diagnosed 5/27/14.; Ms. Olson presents for initial evaluation of newly diagnosed adenocarcinoma of the right lung; Status post CT guided biopsy of right lower lobe lung mass 5/27/14 with pathology reveal; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	1. Ovarian cancer, mucinous adenocarcinoma.   History of menometrorrhagia with endometrial thermal ablation in 2010.  Patient had a routine gyn exam in September 2015 and a pelvic mass was noted that was not present in 2014. Pelvic US was suggestive ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	2. History of gastric bypass surgery in 1995, with subsequent malabsorption syndrome with inability to absorb oral iron.  3. Memory loss  4. Headaches.  5. Hypertension.  6. Depression.  7. History of low potassium level at 2.9 on 6/8; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. History of iron deficiency anemia due to gastric bypass surgery.  Status post six cycle of IV iron 500 mg in 1997. Recurrent iron deficiency documented 6/10/03. with ferritin of 5 and symptomatic anemia with Hgb of 10.5.  Resumed IV iron 600 mg; There has been treatment or conservative therapy.; extreme fatigue, body aches, headaches, weight loss; Status post six cycle of IV iron 500 mg in 1997. Recurrent iron deficiency documented 6/10/03. with ferritin of 5 and symptomatic anemia with Hgb of 10.5.  Resumed IV iron 600 mg on 6/16/03 for symptomatic anemia with Hgb of 10.5 g/dL, documented iro	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Attaching clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	4
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	concerned of recurring disease; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	continues w/ shortness of breath since the end of last year, has tried different medications w/ no relief, and c/o of fatigue; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has lupus and has presented with abdominal pain each time.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with thrombocytosis, eosinophilia, and iron deficiency. Not improving. Recent COMPASS came back normal. Abdominal US came back within normal limits. Scan to rule out any other processes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Approximately 11/2016.; There has not been any treatment or conservative therapy.; Labs not improving.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Polycythemia with elevated liver functions; This study is being ordered for Inflammatory/ Infectious Disease.; 02/01/2016; There has not been any treatment or conservative therapy.; Worsening hematologic parameters	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Progression of disease, needs re-evaluation to productively come up with a stronger solution to the regimen.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Restaging after 2 cycles of chemotherapy to see if chemotherapy regimen needs to be changed.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Restaging to begin chemotherapy; Newly diagnosed metastatic adenocarcinoma of colon s/p primary lesion resection 10/2016 by Dr. Turner. Post op course complicated with bowel fistula and abdominal/pelvic abscesses then with subsequent imaging revealing I; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Stage IVB...Metastatic disease in liver and lung...scan requested for continued evaluation and management of his rectal cancer...; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	SUBJECTIVE:; Ron A Peerson, 46 y.o. old, male is here to monitor his DVT and anticoagulant use. He is current 25 pack year smoker with Past Medical History of GI bleeding, ulcerative colitis, anxiety, DVT/PE, chronic back pain, and Past Surgical History o; This study is being ordered for Vascular Disease.; 4/2016; There has been treatment or conservative therapy.; Today, Mr Peerson presents to my office to discuss worsening swelling of his right leg. He states when he is on his feet all day the swelling is worse and now it has become quite intolerable. He was recently seen in the ER where a venous doppler once aga; Xarelto since 4/2016, IVC filter placed 12/2016	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PAIENT HAS LOST 9LBS IN 1 MONTH. PATIENT REPORTS HAVING INCREASED PAIN IN HER ABD. PATIENT IS ON ASPRIN AND PLAVIX AND MULTIPLE HEMATOMAS HAVE DEVELOPED IN ABD. DR. KOCH REQUESTING CT OF ABD.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; ; Yes this is a request for a Diagnostic CT	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	Follow up of recent CT that mentions mild intrahepatic biliary duct dilation. Recommending MRCP. Preforming facility is requesting MRI Abdomen authorization.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient with uterine sarcoma. Test being ordered to get baseline of heart function before proceeding with any treatments.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). (1st) HODGKIN'S LYMPHOMA, NODULAR SCLEROSIS 09/29/16; Primary Disease Status; Remission. Impression/ Plan; Tyler us a 19 y/o male with Hodgkin lymphoma on an NPTP with OPEPA/COPDac. He is on cycle 6 day 1 (course 4/4 of COPDac); End of Therapy E; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1
Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1
Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Attaching clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Dr. Bradford is checking for any type of reoccurrence or metastasis if any, keeping surveillance on the patient.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Evaluation of patient with endometrial and corpus uteri cancers.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Dr. Bradford is checking for any type of reoccurrence or metastasis if any, keeping surveillance on the patient.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	follow up after chemo therapy.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Initial staging for breast cancer diagnosis.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. New metastasis disease showing on prior CT, a new pulmonary mass.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Small cell lung cancer with paraneoplastic cerebellar ataxia. Radiation completed on 2/6/2017 and concurrent chemo completed on 2/10/2017.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.	1

Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lymphoma or Myeloma.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	4
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	4
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	2
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; The patient did NOT have a thyroidectomy and radioiodine ablation.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	1

Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs, symptoms or a rising CEA.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	2
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.	2
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	2
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	2
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	2

Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; Unknown if a nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer. unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1
Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	Patient is a smoker; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
Approval	70450 CT BRAIN, HEAD		acute and recurring; fell in the shower; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1
Approval	71250 CT CHEST, THORAX		This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Has chronic bronchitis; This study is being ordered for Inflammatory/ Infectious Disease.; 03/29/2016; There has not been any treatment or conservative therapy.; Positive TB test; swelling of lymph nodes and neck; tenderness of left posterior neck This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia. "The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX		1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX		1
Approval	71250 CT CHEST, THORAX	Need to follow up on several nodules in the right lung measuring from 4mm to 1cm. Last CT of chest was done 7/19/16 with recommendation of a 6 month follow up CT of Chest.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT Pt is being evaluated for lymphoma; This study is being ordered for Inflammatory/ Infectious Disease.; 2 months; It is not known if there has been any treatment or conservative therapy.; Patient has common variable immunodeficiency, sweating fever and weight loss	1
Approval	71250 CT CHEST, THORAX		1

Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt is being evaluated for lymphoma; This study is being ordered for Inflammatory/ Infectious Disease.; 2 months; It is not known if there has been any treatment or conservative therapy.; Patient has common variable immunodeficiency, sweating fever and weight loss	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Has chronic bronchitis; This study is being ordered for Inflammatory/ Infectious Disease.; 03/29/2016; There has not been any treatment or conservative therapy.; Positive TB test; swelling of lymph nodes and neck; tenderness of left posterior neck	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has a lung abcess, this is a follow up from a previous CT.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;; low back pain, and I think the pleuritic CP is really low back pain. He has a history of injury at L2/L3.no leg weakness, no bowel/bladder problems.no spinal tenderness.;	1
Disapproval Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST 70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2
Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; There is another reason why an MRI is not being considered;	1
Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1

Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Approval	70450 CT BRAIN, HEAD	; This study is being ordered for a neurological disorder.; 01/30/2017; There has been treatment or conservative therapy.; pt c/o pain in his neck, and says his throat feels swollen. He is also having tremors in his left hand; pt has been taking medication for the pain with no relief. and he is still having tremors in his left hand	1
Approval	70450 CT BRAIN, HEAD	2. Mental status changes  The symptoms are reported as being moderate. The symptoms occur constantly. He states the symptoms are acute and are of new onset. Pt reports recent onset of memory loss as well as vertigo and mental confusion.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; There is another reason why an MRI is not being considered; provider requested ct	1
Approval	70450 CT BRAIN, HEAD	acute post traumatic headache, not intractable. Patient fell backwards striking back of head with brief loss of consciousness. Patient has ongoing headache since fall with vision changes; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD	Chronic low back pain details; the location is primarily in the mid and lower lumbar spine. The pain radiates to the left posterior thigh. She characterizes it as constant. This is a chronic, but intermittent problem with an acute exacerbation. The ev; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic back pain for 15 years but is getting worse.  Headache/Dizziness X one years.; There has been treatment or conservative therapy.; Chronic low back pain details; the location is primarily in the mid and lower lumbar spine. The pain radiates to the left posterior thigh. She characterizes it as constant. This is a chronic, but intermittent problem with an acute exacerbation. The ev; Tylenol/IBU/muscle relaxer with no relief	1
Approval	70450 CT BRAIN, HEAD	confusion; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	Ct head wo contrast to rule out malignancy vs subacute CVA Start ASa 81 mg poq day for possible episodes of TIA; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

Approval	70450 CT BRAIN, HEAD	Enter answer here - or Type PATIENT IS HAVING HEADACHES, HAD A SEIZURE, HAS SOME NUMBNESS AS WELL; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Approval	70450 CT BRAIN, HEAD	follow up to gunshot wound; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	Headache and vomiting; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache. HEADACHE,PAIN IN TEMPORAL AREA AND CROWN OF HEAD,NECK PAIN,R/O TUMOR,BLEED,ANEURYSM.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Approval	70450 CT BRAIN, HEAD	Patient has an accidental fall and hit her head. Now she is having several headaches ever since. She gets them every day; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	Patient has had an ongoing headache for a couple of days now, associated symptoms include nausea, phonophobia and rhinorrhea.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	Patient has had head injury with concussion without loss of consciousness.; This study is being ordered for trauma or injury.; 01/19/2017; There has not been any treatment or conservative therapy.; Patient has had head injury with concussion without loss of consciousness	1
Approval	70450 CT BRAIN, HEAD	Patient seen for headache with visual problems. Left eye was dilated, reactive.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1

Approval	70450 CT BRAIN, HEAD	R/O TIA; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD	Records from outside hospital reviewed. A CT of the head showed stable hypodensities but no mass effect.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Infection or Inflammation; It is unknown why an MRI is not being considered The sudden sharp stabbing pains are occurring multiple times daily. They are very intense and are causing the patient extreme discomfort. They have been occurring for about 2 weeks with no relief from analgesics.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	9
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	2
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	13
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	4
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	2

Approval	70450 CT BRAIN, HEAD	Trauma 11/07/2016; car accident.; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Pt received medication therapy: NSAIDs	1
Approval	70450 CT BRAIN, HEAD	Trying to rule out aneurysm in a patient with a cranial bruit, occipital souffle on the left and history of mechanical aortic valve replacement; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD	Unknown; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST		3
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST		1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	N/A; This study is being ordered for Inflammatory/ Infectious Disease.; 9/22/2016; There has been treatment or conservative therapy.; NASAL CONGESTION, UPPER RESPIRATORY INFECTIONS, ORAL THRUSH, SORE THROAT, FATIGUE, SINUS PRESSURE, AND SWEAT.; ALLERGY MEDS, AND NASAL SPRAYS.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Ongoing ear ache and headache; ear drainage; dental pain; very inflamed gums; swelling; significant tenderness; awaiting an appointment with oral surgeon; This study is being ordered for Inflammatory/ Infectious Disease.; 01/03/2017; There has been treatment or conservative therapy.; Severe ear pain; dizziness; nausea; jaw pain- upper and lower; Several rounds of antibiotics. Given Sudafed.	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	patient has tried antibiotics, several nasal sprays and allergy pills and is still having problems with her sinuses.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Pt cont to facial pain, bruising, swelling.; This study is being ordered for trauma or injury.; 03/12/2017; There has not been any treatment or conservative therapy.; Pt presents to clinic with facial pain, swelling, angulated nose, facial bruising	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Pt has worsening headache. No improvement with antibiotics Fever Colon Cancer metastasized to liver Secondary neoplasm of liver and intrahepatic bowel ducts R/O metastatic of the brain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	RECURRENT MAXILLARY SINUSITIS,1 EPISODE PER MONTH,SYMPTOMS HAVE WORSENERD,FACIAL PAIN,FACIAL TENDERNESS,POSTNASAL DRAINAGE,SINUS PAIN,SINUS PRESSURE,HEADACHE,NASAL CONGESTION,POST NASAL DRIP,RECURRENT/PERSISTENT MAXILLARY SINUSITIS; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	6
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	6
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	DOCTOR IS CONCERNED FOR CANCER WITH WEIGHT LOSS, DRY COUGH, LYMPHADENOPATHY, AND FATIGUE. WEIGHT LOSS HAS BEEN IN SHORT TIME; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	ENLARGEMENT OF THYROID, ASPIRATION PNEUMONIA, VOMITING, LARYNGITIS, SNORING; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	has enlarged lymph nodes at right submandibular area; History / Dx: c/o sore throat with soreness and achey feeling along right side of neck; Duration of Symptoms: Start: 01/15/2017; Physical Exam Findings: several lymph nodes, largest is approx 2 c; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	2
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	12
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n/a; It is not known if there has been any treatment or conservative therapy.; The patient has headache, neck pain, throbbing headache, impaired vision lost in right eye, light headed on standing. difficulty finding words, dizziness, loss of balance.	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	pt had an abnormal carotid doppler; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt had an abnormal carotid doppler; There has been treatment or conservative therapy.; pt had a cath with 3 stents placed and still continues to have chest pain; pt is on several different heart medications and blood pressure medications	1

Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	pt had an abnormal carotid doppler; This study is being ordered for Vascular Disease.; pt had a heart cath and had 3 stents place she still has chest pain; There has been treatment or conservative therapy.; pt has chest pain; pt had heart cath and is on several different heart medicaitons and blood pressure medications	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; n/a; It is not known if there has been any treatment or conservative therapy.; The patient has headache, neck pain, throbbing headache, impaired vision lost in right eye, light headed on standing. difficulty finding words, dizziness, loss of balance.	4
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	pt had an abnormal carotid doppler; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt had an abnormal carotid doppler; There has been treatment or conservative therapy.; pt had a cath with 3 stents placed and still continues to have chest pain; pt is on several different heart medications and blood pressure medications	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	pt had an abnormal cartoid doppler; This study is being ordered for Vascular Disease.; pt had a heart cath and had 3 stents place she still has chest pain; There has been treatment or conservative therapy.; pt has chest pain; pt had heart cath and is on several different heart medicaitons and blood pressure medications	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck. "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	3

Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Seeing spots; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/2016; There has been treatment or conservative therapy.; Patient Seeing Spots; Aniti inflammatory medication	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Approval	70544 Mr angiography head w/o dye	Normal ct of brain ,has Hx of seizures Dx in past AVM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/09/2016 Er Visit normal ct of brain.; There has been treatment or conservative therapy.; Left sided headache no warning full of pressure and pain ,limbs like noddles; Norco ,dark room norco caused a rash	1
Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2
Approval	70547 Mr angiography neck w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1

Approval	70547 Mr angiography neck w/o dye	lightheadedness, 1.5 weeks pt with several episodes of slurred speech, possible mild aphasia.  Occurred that first day several times lasting 10-15min at a time.  Pt reports to get her words out she had to slowly speak and force the words out. trouble re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1.5 week h/o intermittent dysarthria, dizzy/lightheaded, headache, possible mild R sided facial/UE weakness otherwise normal neuro exam. abnormal right (very slight RUE weakness compared to LUE) and facial right (CN XI slight weakness turning head to rig; There has not been any treatment or conservative therapy.; dizziness and frequent or severe headaches; dysarthria/slurred speech.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; This has been a chronic issue no date in notes but has been worsening; There has not been any treatment or conservative therapy.; visual changes, balance issues	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2016; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	No Info Given >;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	3

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chest CT shows no small cell cancer sometimes metastases to the brain.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). DIZZINESS SYMPHOMS OF WEAKNESS MEMORY LOSS FAINTING FELL AND HIT HEAD ON FURNITURE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head was between 24 hours and 1 week ago.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Evaluation of patient post MVA 3 weeks ago. Pt c/o HA, Dizziness, memory loss, decreased ability to concentrate.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FINAL DIAGNOSIS: A. LEFT LOWER LOBE BRONCHIAL BIOPSY: SQUAMOUS CELL CARCINOMA B. BRONCHIAL WASHINGS (THIN PREP): POSITIVE FOR MALIGNANCY, SQUAMOUS CELL CARCINOMA Case Comment(s): Immunohistochemistry stains with appropriate controls were performed. 1.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up to abnormal CT scan. Was told by the ER that she had some TIAs.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headache unrelieved by medication, and low grade fever persist despite negative cultures; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headache: this has been going on for over a year. Headache has been previously episodic but now bothering him daily. Trigger is not known to him. He does not really take medications and he lets it go away on its own. He denies snoring and daytime sleepine; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches are still there off and on. Worse if coughs or bends over. Feels like her head will explode. She hasn't had her eyes checked recently. Was told her last MRI showed her Chiari malformation had gotten worse. Not sure if any surgeons around he; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches, vision changes - wavy vision, occasionally can't see out of left eye, double vision, dizziness, chronic cervical and lumbar pain with radiation, paresthasias and numbness - not improved with injections or meds in a patient with history of mant; This study is being ordered for a neurological disorder.; 8/23/2016; There has been treatment or conservative therapy.; Headaches, vision changes - wavy vision, occasionally can't see out of left eye, double vision, dizziness, chronic cervical and lumbar pain with radiation, paresthasias and numbness - not improved with injections or meds in a patient with history of mant; patient was treated with hydrocodone, gabapentin, Aleve, injections by pain management physician - pain is unrelieved INTRACTABLE MIGRAIN WITH AURA WITH STATUS MIGRAINOSUS,BLURRY VISION,HEADACHES OVER LEFT EYES,ABNORMAL MRI SMALL FOCUS OF ABNORMAL FLAIR SIGNAL,A FOCUS OF CEREBRITIS,AND A BRAIN TUMOR; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	lightheadedness, 1.5 weeks pt with several episodes of slurred speech, possible mild aphasia.  Occurred that first day several times lasting 10-15min at a time.  Pt reports to get her words out she had to slowly speak and force the words out. trouble re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1.5 week h/o intermittent dysarthria, dizzy/lightheaded, headache, possible mild R sided facial/UE weakness otherwise normal neuro exam. abnormal right (very slight RUE weakness compared to LUE) and facial right (CN XI slight weakness turning head to rig; There has not been any treatment or conservative therapy.; dizziness and frequent or severe headaches; dysarthria/slurred speech.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Lower back pain, numbness, paresthesias, positive straight leg raise, decreased deep tendon reflexes, weakness - conservative treatment not helping. Follow-up of mass along the posterior aspect of the left mid-brain, new symptoms of losing words, memory i; This study is being ordered for a neurological disorder.; Brain mass last seen on MRI 7/25/2014 - needs follow-up due to new symptoms. Lumbar pain since at least 8/17/2016.; There has been treatment or conservative therapy.; Lower back pain, numbness, paresthesias, positive straight leg raise, decreased deep tendon reflexes, weakness - conservative treatment not helping. Follow-up of mass along the posterior aspect of the left mid-brain new symptoms: losing words, memory issu; Sulindac, tizanidine, aspirin, home therapy	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	new onset headache, worsens with exertion, not relieved with otc medications. new neurological symtoms.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Normal ct of brain ,has Hx of seizures Dx in past AVM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/09/2016 Er Visit normal ct of brain,; There has been treatment or conservative therapy.; Left sided headache no warning full of pressure and pain ,limbs like noddles; Norco ,dark room norco caused a rash	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Onset 14 months ago and it was acute. Severity level is moderate, the context includes stress. associated symptoms include dizziness. This lasted about two or 3 weeks in the left side of head and left arm. The left side of the body lasted only a few days.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has memory issues; drops things; has hot flashes; needs MRI for evaluation; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has short term memory loss / patient has to wear sun screen /; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient states that otherwise he is doing okay except for headaches. He states over the past 6 months, he has had worsening headaches. He has had trauma when he was younger to his head, and his wife is wanting an imaging study. He has tension-type headach; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has been having issues with sleep walking and behavior changes. Physician is requesting MRI to assess this.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt is having extreme weakness, numbness and tingling in both legs. This has been going on for over 6 days; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Scheduled for surgery 03/21/17 trying to rule out a possible stroke.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/17/17; There has not been any treatment or conservative therapy.; left side weakness and numbness	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Seeing spots; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/2016; There has been treatment or conservative therapy.; Patient Seeing Spots; Aniti inflammatory medication	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Syncobie and headache.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The Pt has headache, left ear hearing loss.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	6
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	21
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	8
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	6
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	4

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	12

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as chronic or recurring.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Approval Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST 71250 CT CHEST, THORAX	unknown; This study is being ordered for a neurological disorder.; 1/9/2017; There has not been any treatment or conservative therapy.; Headache, numbness and tingling in left side of face, numbness and tingling in both hands, C Spine pain	1 8
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	7
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	15
Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	8
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	25
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	6
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2017; There has been treatment or conservative therapy.; Bruises, joint instability and tenderness, nocturnal pain, weeakness; PT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/4/17; There has been treatment or conservative therapy.; Chronic persistent cough Dyspnea Peripheral edema Copd & bronchitis w/acute exacerbation Headaches; Levoquin Prednisone Anoro Ellipta Sestin	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/29/2016; There has been treatment or conservative therapy.; cough fever nasel dranigage weeszing sinus pressure fatigue and sore throat; steroids antibiotic	1
Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; intermittent, gradual onset  new pt as of 1/4/17; It is not known if there has been any treatment or conservative therapy.; us abd shows fatty liver, normal gb, r/o hiatal hernia. abd pain, luq, ruq, bloating, no fever, red blood in stool. alcoholic fatty liver. xr chest shows Mild airways thickening and possible bronchiectasis.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; 63 YEAR OLD MAN WHO WAS SEEN IN INFECTIOUS DISEASE CLINIC FOR SOME PULMONARY AND LIVER NODULES THAT WERE FOUND ON ROUTINGE CXR AND FURTHER CHARACTERIZED WITH CT SCANS AND CORE BIOPSY.	1
Approval	71250 CT CHEST, THORAX	4 cm left apical mass with mediastinal adenopathy measuring up to 3 cm.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	4
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	15

Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	4
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	6
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	12
Approval	71250 CT CHEST, THORAX	abnormal chest x-ray and cough for 4 weeks; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	abnormal CTA showing a large AZYGOS VEIN, FURTHER STUDY IS NEEDED TO LOOK FOR VENOUS OBSTRUCTION IN THE CHEST AND ABDOMEN.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - 10/21/16; There has not been any treatment or conservative therapy.; on 10/21/16 pt had a CTA, this revealed A VERY LARGE AZYGOS VEIN. (This was ordered by another physican and never followed up on. We received theses results on 3-1-17) Patient complains of pain in the left chest and neck.; Radiologist recommennds to do a BRAIN CT IN JANUARY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	chest pain, shortness of breath, widened mediastinum, elevated right hemidiaphragm,; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Approval	71250 CT CHEST, THORAX	Chest x-ray, there is a small what appears to be a calcified nodule in the left lower lobe. We are going to go ahead and get a CT of the chest to validate that. She has been a smoker off and on for years.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	DOCTOR IS CONCERNED FOR CANCER WITH WEIGHT LOSS, DRY COUGH, LYMPHADENOPATHY, AND FATIGUE. WEIGHT LOSS HAS BEEN IN SHORT TIME; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	evaluation for thoracic; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Follow from Jan 2016; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	Follow up to previous abnormal imaging; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	followup CT for pneumothorax, recent hospitalization, smoker; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	for follow up of pulmonary nodules, most concerning in left upper lobe, Multiple nodules of lung, He has a history of asbestos exposure, reviewed pulmonary function test. It shows moderate degree of airflow obstruction with positive bronchodilator response; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	History of lung cancer and cervical cancer in situ; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	<p>IMPRESSION: &#x0D; 1. No acute infiltrates are seen. &#x0D; 2. Faint density, possibly representing a pulmonary nodule in the right lateral chest. This was not present on previous examinations of 11/09/16 and 05/02/16. Recommend CT scan of the chest for further eva; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.</p>	1
Approval	71250 CT CHEST, THORAX	<p>Looking at scarring to follow up to check if stable; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>N/A; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.</p>	1
Approval	71250 CT CHEST, THORAX	<p>Patient Has Cancer and trying to see where primary cancer is coming from; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.</p>	1
Approval	71250 CT CHEST, THORAX	<p>Patient has had ongoing growth of bacteria in her blood. We have given the patient antibiotics and performed other testing including an echo & colonoscopy. We are trying to rule out the origin of where the patient is continuing to become septic from.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>Patient has had persistent cough for over a week now. She has other symptoms including fatigue, fever, shortness of breath, wheezing, and also nose bleeds and ear congestion.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>Patient has pneumonia.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</p>	1
Approval	71250 CT CHEST, THORAX	<p>patient has several enlarged lymph nodes; This study is being ordered for Inflammatory/ Infectious Disease.; 11/21/16; It is not known if there has been any treatment or conservative therapy.; enlarged lymph nodes</p>	1

Approval	71250 CT CHEST, THORAX	patient needs evaluation for pulmonary nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	PT IS HAVING RIB PAIN ON RIGHT SIDE. DR. ROACH WOULD LIKE TO RULE OUT SOFT TISSUE MASS OR RIB FRACTURE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pulmonary emphysema with interstitial disease. This is worse on the left than right and I cannot exclude superimpose atypical left lower lobe infiltrate.   Complete left upper lobe consolidation. Recommend postcontrast CT scan of the chest.; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	radiologist recommended study; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Restaging for metastatic ca progressive weight loss progressive lung ca cognitive changes; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	ROUNDED DENSITY 1 CM IN UPPER LEFT LOBE; Patient is a current everyday smoker.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Soft Tissue Nodularity: Obtain CT with contrast to further delineate.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Approval	71250 CT CHEST, THORAX	SURVELLIANCE OF THE CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	The liver and spleen appear normal. No gallbladder abnormality is identified. No pancreatic abnormality is identified. The spleen appears normal. The adrenal glands show an adrenal adenoma on the left side with decreased signal seen on the out of phase; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	the radiologist seen an opacity but didn't have anything to compare the cxr to; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2

Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient short of breath with chest pain, diaphoresis and dizziness. Increased density noted in lower lung lobes on Chest X-ray. Due to personal history of smoking and fumes from welding, further diagnostic imaging is needed to rule out inflammation, mass ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; SOB and unresolved cough; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is radiologic evidence of asbestosis.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	This is follow up of chest CT from 2-18-2016 that showed pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	9
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	WEIGHT LOSS,COPD,BREAST CANCER,COLD INTOLERANCE,DECREASED APPETITE,COUGH,DYSPNEA,MLIGNANT NEOPLASM OF FEMALE BREAST; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	xray done 3/2/2017 shows a 1.5 cm nodule and further evaluation was recommended; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	Yearly follow up for stability for 10x5 mm nodule in Right upper lobe, recommended 3 month follow up.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Yearly testing to ensure lung nodule has not enlarged.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Enter answer here - previous CTA shows LYLTIC and SCLEROTIC LESIONS IN SKELETON. SUSPECT METASTASIS.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	18
Approval	71550 MRI CHEST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient has had head injury with concussion without loss of consciousness.; This study is being ordered for trauma or injury.; 01/19/2017; There has not been any treatment or conservative therapy.; Patient has had head injury with concussion without loss of consciousness	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	2
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is being ordered for staging.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to known tumor with or without metastasis.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT Trauma 11/07/2016; car accident.; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Pt received medication therapy: NSAIDs	1

Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Pt is a soccer player and was evaluated for a lower thoracic spine sprain. X-ray shows minimal anterior wedging of the T12 vertebral body - this is felt to be chronic but needs further evaluation for acute injury; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	radiculopathy despite conservative management. We ordered CT's due to the fact that she has a pacemaker placed.; This study is being ordered for a neurological disorder.; 1/12/2017; There has been treatment or conservative therapy.; She has a history of ongoing mid back and lumbar pain and is experiencing ongoing significant pain issues. She has ongoing neck pain with radiculopathy despite conservative management.; medication started 1/12/17	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	Patient needs further evaluation to determine treatment options.; This study is being ordered for trauma or injury.; 08/02/2016; There has been treatment or conservative therapy.; Paine in low back that radiates down into Left hip. Patient is unable to sit for extended periods due to this pain.; multiple physical therapy sessions, anti-inflammatory medicine and steroids	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	radiculopathy despite conservative management. We ordered CT's due to the fact that she has a pacemaker placed.; This study is being ordered for a neurological disorder.; 1/12/2017; There has been treatment or conservative therapy.; She has a history of ongoing mid back and lumbar pain and is experiencing ongoing significant pain issues. She has ongoing neck pain with radiculopathy despite conservative management.; medication started 1/12/17	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	2

Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	8
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; This is a preoperative or recent post-operative evaluation.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; all extremity's; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2016; It is not known if there has been any treatment or conservative therapy.; pain & numbness	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2017; There has been treatment or conservative therapy.; complains of severe pain lower back and neck pain level 9; PT torodol and prednisone, soma	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/06/2016; There has been treatment or conservative therapy.; pain in neck, pain in back when stooping, bending lifting, radiculapothy; physical therapy , taking otc ibuprofen	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; continues with Left hand weakness after 6 weeks of physical therapy. continues with crepitus and decreased range of motion in neck; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness/Tingling from neck to arms which interferes with grasping and touching.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Headaches, vision changes - wavy vision, occasionally can't see out of left eye, double vision, dizziness, chronic cervical and lumbar pain with radiation, paresthasias and numbness - not improved with injections or meds in a patient with history of mant; This study is being ordered for a neurological disorder.; 8/23/2016; There has been treatment or conservative therapy.; Headaches, vision changes - wavy vision, occasionally can't see out of left eye, double vision, dizziness, chronic cervical and lumbar pain with radiation, paresthasias and numbness - not improved with injections or meds in a patient with history of mant; patient was treated with hydrocodone, gabapentin, Aleve, injections by pain management physician - pain is unrelieved	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Chronic pain syndrome, pain level has been increasing, not sleeping at night, Low back pain, Shoulder pain, Sciatica, Chronic back pain,  Impingement syndrome of shoulder region, Pt with chronic low back, R hip (has seen ortho and dx snapping hip), and R	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: abnormal (reduced to pinprick/touch over R shoulder and into RUE to elbow). Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: no tremor.; This study is being ordered for a neurological disorder.; Started after ESI to lower back on Friday 2/10/17; There has not been any treatment or conservative therapy.; Pt had ESI into low back on Friday by his pain management.  Once anesthesia wore off pt began having burning/tingling pain in RUE from R side of neck over shoulder and down to elbow. Has noticed some tingling/numbness in finger tips as well.  Pt also wi	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Scheduled for surgery 03/21/17 trying to rule out a possible stroke.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/17/17; There has not been any treatment or conservative therapy.; left side weakness and numbness	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2

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

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	34
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	11
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Patient was recently hospitalized for DRESS from Vanc and ceftriaxone being given for presumed cervical vertebral diskitis.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	6

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; unknown	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; En Pt states here for f/u on physical therapy-Sspears,cna    History of Present Illness  Followup:  c/o neck pain - severe/worsening/present since mva - has failed pt / ns aids / analgesics.   Current Medications  DiscontinuedSertraline ; No, the patient does not have new or changing neurological signs or symptoms.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has weakness in left hand and numbness in fingers. Supple with limited range of motion, grinding sensation, tenderness of para spinal.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 1/9/2017; There has not been any treatment or conservative therapy.; Headache, numbness and tingling in left side of face, numbness and tingling in both hands, C Spine pain	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 10/01/2016; There has been treatment or conservative therapy.; pain in c/t spine area; bilateral leg/arm numbness;; oral meds; otc pain reliever;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Xray shows degenerative disc with some stenosis and recommends getting MRI for further evaluation.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has also had abnormal xray of c spine showing degenerative disc with some stenosis and recommends getting MRI for further evaluation. . Concerning neck pain, the location of discomfort is posterior. There is no radiation. The pain is characterized as; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2016; It is not known if there has been any treatment or conservative therapy.; pain & numbness	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/6/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Anti-inflammatory and strength exercise without any results ; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Constant right sided back and abd pain rated 4/5, neuropathy in toes and fingertips, painful urination with blood clots at times, anxiety, depression, dizziness, nausea, fatigue, swelling in left leg. Oxycodone and Oxycontin as prescribed increase gabapen; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Constant right sided back and abd pain rated 4/5. Pt has diffuse large b-cell lymphoma. Want to see if there is disease process happening.; There has been treatment or conservative therapy.; Low back pain rated 4/5, also abdominal pain.; Pain medication, reduced activity	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Enter answer here - or Type In Unknown If No Info Given; . patient has severe lumbar and thoracic back pain onset 3 months. has tried Physical therapy, muscle relaxers, steroids and NSAIDS without relief. cannot work due to pain. difficulty walking, stand; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; &Enter Additional Clinical Information> The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; BACK PAIN ; She still hurts in her L-spine and it refers down to both buttocks. She has failed conservative therapy with muscle relaxers and pain meds and non-diagnostic plain films. She will need a MRI now. She also hurts up the the T-8 area or so esp; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; BILATERAL LOWER EXTREMITY PARESTHESIA ASSOCIATED WITH DYSETHESIA,FURTHER EVAL OF BILATERAL LE PARESTHESIA.R/O WORSENING DISC SPACE NARROWING,R/O SPINAL STENOSIS; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	2

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	4
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Thoracic Radiculopathy; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/9/15; There has been treatment or conservative therapy.; Pt has back pain and decrease ROM in the shoulder (left), unable to lift arm past the 45 degree angle, pain w/ manipulation of the shoulder. muscle spasms in the middle of her back.; chiropractor weekly	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 10/01/2016; There has been treatment or conservative therapy.; pain in c/t spine area; bilateral leg/arm numbness;; oral meds; otc pain reliever;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2016; It is not known if there has been any treatment or conservative therapy.; pain & numbness	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2017; There has been treatment or conservative therapy.; complains of severe pain lower back and neck pain level 9; PT torodol and prednisone, soma	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/17/16; There has not been any treatment or conservative therapy.; weakening of left leg, blood batch for spinal headache on 12/21/16	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/6/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Anti-inflammatory and strength exercise without any results	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2016; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/06/2016; There has been treatment or conservative therapy.; pain in neck, pain in back when stooping, bending lifting, radiculapothy; physical therapy , taking otc ibuprofen	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; spasms; Medications for pain ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Constant right sided back and abd pain rated 4/5, neuropathy in toes and fingertips, painful urination with blood clots at times, anxiety, depression, dizziness, nausea, fatigue, swelling in left leg. Oxycodone and Oxycontin as prescribed increase gabapen; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Constant right sided back and abd pain rated 4/5. Pt has diffuse large b-cell lymphoma. Want to see if there is disease process happening.; There has been treatment or conservative therapy.; Low back pain rated 4/5, also abdominal pain.; Pain medication, reduced activity	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Enter answer here - or Type In Unknown If No Info Given; . patient has severe lumbar and thoracic back pain onset 3 months. has tried Physical therapy, muscle relaxers, steroids and NSAIDS without relief. cannot work due to pain. difficulty walking, stand; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Headaches, vision changes - wavy vision, occasionally can't see out of left eye, double vision, dizziness, chronic cervical and lumbar pain with radiation, paresthesias and numbness - not improved with injections or meds in a patient with history of mant; This study is being ordered for a neurological disorder.; 8/23/2016; There has been treatment or conservative therapy.; Headaches, vision changes - wavy vision, occasionally can't see out of left eye, double vision, dizziness, chronic cervical and lumbar pain with radiation, paresthesias and numbness - not improved with injections or meds in a patient with history of mant; patient was treated with hydrocodone, gabapentin, Aleve, injections by pain management physician - pain is unrelieved	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lower back pain, numbness, paresthesias, positive straight leg raise, decreased deep tendon reflexes, weakness - conservative treatment not helping. Follow-up of mass along the posterior aspect of the left mid-brain, new symptoms of losing words, memory i; This study is being ordered for a neurological disorder.; Brain mass last seen on MRI 7/25/2014 - needs follow-up due to new symptoms. Lumbar pain since at least 8/17/2016.; There has been treatment or conservative therapy.; Lower back pain, numbness, paresthesias, positive straight leg raise, decreased deep tendon reflexes, weakness - conservative treatment not helping. Follow-up of mass along the posterior aspect of the left mid-brain new symptoms: losing words, memory issu; Sulindac, tizanidine, aspirin, home therapy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	M54.5,G89.29 (ICD-10-CM) - Chronic left-sided low back pain without sciatica; D17.1 (ICD-10-CM) - Lipoma of lower back; Scheduling Status: Pending Authorization; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	the patient has continued to have low back pain unresponsive to continued conservative management and will reattempt having the mri authorized...plain films were normal and his is having increased issues with; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; the patient has continued to have low back pain unresponsive to continued conservative management and will reattempt having the mri authorized...plain films were normal and his is having increased issues with; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	87
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	13
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	36
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Uncontrolled left sided sciatica; goes down to her leg; worse when she stands or walks; decreased strength in LLE; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 4/25/16; There has been treatment or conservative therapy.; Pt has pain radiating from back down to the left hip and left leg, decrease ROM, loss of mobility on the left side.; PT and occupational therapy for 6 months and not getting any better	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/3/2017; There has been treatment or conservative therapy.; JOINT TENDERNESS, DECREASED MOBILITY, NUMBNESS AND POPPING, TINGLING AND WEAKNESS IN ARMS; STERIOD DOSE PACK	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	bladder mass found on ultrasound report; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	left ileal pelvic fracture seen on x-ray; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	none; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	none; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	ROS:  CONSTITUTIONAL: Positive for was sweating yesterday. Negative for chills or fever.  GASTROINTESTINAL: Positive for able to pass small amount of flatus yesterday. Negative for acid reflux symptoms, anorexia (until the nausea of the last few; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "Caller does not know if there are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.	1
Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1

Approval	72196 MRI PELVIS	5 fibroids that were seen 9 cm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/23/2017; There has not been any treatment or conservative therapy.; fibroids, loss of pregnancy 11/2016,	1
Approval	72196 MRI PELVIS	Evaluating bilateral cyst of ovaries and liver mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	3
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	72196 MRI PELVIS	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; two years; There has been treatment or conservative therapy.; abdominal pain and Dysmenorrhea; pelvic and abdominal ultrasound, Gallbladder scans	1
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	3
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1

Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	embolus left hand  splenomegaly polycythemia tachycardia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; left index finger discolored, cold to touch, painful.   Splenomegaly.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2017; There has been treatment or conservative therapy.; Bruises, joint instability and tenderness, nocturnal pain, weakness; PT	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: abnormal (reduced to pinprick/touch over R shoulder and into RUE to elbow). Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: no tremor.; This study is being ordered for a neurological disorder.; Started after ESI to lower back on Friday 2/10/17; There has not been any treatment or conservative therapy.; Pt had ESI into low back on Friday by his pain management.  Once anesthesia wore off pt began having burning/tingling pain in RUE from R side of neck over shoulder and down to elbow. Has noticed some tingling/numbness in finger tips as well.  Pt also wi	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Pt had steroid injections that did not improve her symptoms and referring to surgeon.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/22/2016; There has been treatment or conservative therapy.; Pt is having pain in both wrist and it's getting worse. Not able to sleep or work because of the pain.; Pt has been on anti-inflammatory medications. 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;	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The study is requested for evaluation of elbow pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt started having pain in her shoulder after lifting her grandson over the Holidays. She is also having decreased range of motion	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; unknown	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; 3 month h/o L shoulder pain since fall, worsening pain/severely limited ROM due to another fall, swelling (mild anteriorly); instability; radiation down arm, limited ROM (limited 2/2 pain pt unable to abduct or adduct actively) and tenderness (left deltoi	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	31
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; exam on 1/26/17 points to possible RC tear. MRI to further evaluate	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; N/A	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; decreased mobility, joint tenderness, swelling, tenderness at the AL Acromion, rotator cuff Hawkins, Nears Positive, ROM external rotation normal, active ROM extension 90 degrees, ABN 70 degrees, flexion 170 decrease, abduction 170 degrees. Negative xray	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient has not had a recent CT of the shoulder.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; The request is for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

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

Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/9/15; There has been treatment or conservative therapy.; Pt has back pain and decrease ROM in the shoulder (left), unable to lift arm past the 45 degree angle, pain w/ manipulation of the shoulder. muscle spasms in the middle of her back.; chiropractor weekly	1
Approval	73700 CT LEG OR LOWER EXTREMITY	Patient Has Cancer and trying to see where primary cancer is coming from; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	Patient needs further evaluation to determine treatment options.; This study is being ordered for trauma or injury.; 08/02/2016; There has been treatment or conservative therapy.; Paine in low back that radiates down into Left hip. Patient is unable to sit for extended periods due to this pain.; multiple physical therapy sessions, anti-inflammatory medicine and steroids	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	chronic osteomyelitis of L foot, diabetic ulcer foot, type II diabetes; This is a request for a foot MRI.; It is not known if surgery is planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee pain, been on meds, popping on knee since Oct. 2016; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	She went to the ER on paragold, had X rays of both the knees which were negative and was given meds to help with pain. Her L knee pain resolved, but the R knee remained swollen and she states that she could hardly move her knee anyway. She is trying not t; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; per Physical Exam: FLUCTUANT MASS POSTERIOR LEFT KNEE WITH TENDERNESS. No redness or increased warmth. FROM KNEE WITH PAIN WORSE WITH FLEXION.; Suspicious Mass or Suspected Tumor/ Metastasis	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an oncologist or orthopedist.; This study is being ordered for staging.; Known Tumor	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	5
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	5
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There are documented physical or laboratory findings of a joint infection.; Post-operative Evaluation	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This study is being ordered for trauma or injury.; 02/28/2017; There has not been any treatment or conservative therapy.; Pain	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	unknown; This study is being ordered for a neurological disorder.; 4/25/16; There has been treatment or conservative therapy.; Pt has pain radiating from back down to the left hip and left leg, decrease ROM, loss of mobility on the left side.; PT and occupational therapy for 6 months and not getting any better	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	abnormal CTA showing a large AZYGOS VEIN, FURTHER STUDY IS NEEDED TO LOOK FOR VENOUS OBSTRUCTION IN THE CHEST AND ABDOMEN.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - 10/21/16; There has not been any treatment or conservative therapy.; on 10/21/16 pt had a CTA, this revealed A VERY LARGE AZYGOS VEIN. (This was ordered by another physican and never followed up on. We received theses results on 3-1-17) Patient complains of pain in the left chest and neck. Radiologist recommennds to do a	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	ADRENAL LEFT MASS FOUND ON 10/11/2016 CT,2CM ATYPICAL ADRENAL ADENOMA POST LEFT NEPHRECTOMY FOR RENAL CANCER 5 YEARS AGO,R/O MALIGNANT MASS AND CONFIRM SIZE OF THIS MASS; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	lesions on the liver; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	patient has several enlarged lymph nodes; This study is being ordered for Inflammatory/ Infectious Disease.; 11/21/16; It is not known if there has been any treatment or conservative therapy.; enlarged lymph nodes	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	patient is being seen for abd. pain pos. hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	pt c/o left side flank pain that isnt getting any better; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt has a malignancy in her eye and wants to see if it has metastasized anywhere else in the body; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No,there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is newly diagnosed.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	7
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	4
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	4
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	7
Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months. ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; intermittent, gradual onset  new pt as of 1/4/17; It is not known if there has been any treatment or conservative therapy.; us abd shows fatty liver, normal gb, r/o hiatal hernia. abd pain, luq, ruq, bloating, no fever, red blood in stool. alcoholic fatty liver. xr chest shows Mild airways thickening and possible bronchiectasis.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; 63 YEAR OLD MAN WHO WAS SEEN IN INFECTIOUS DISEASE CLINIC FOR SOME PULMONARY AND LIVER NODULES THAT WERE FOUND ON ROUTINGE CXR AND FURTHER CHARACTERIZED WITH CT SCANS AND CORE BIOPSY.</p> <p>BRAIN CT IN JANUARY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>elevated wbc count, abdominal pain with a history of diverticulitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>embolus left hand &#x0D; splenomegaly&#x0D; polycythemia&#x0D; tachycardia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; left index finger discolored, cold to touch, painful. &#x0D; &#x0D; Splenomegaly.</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Enter answer here - or Type . PATIENT HAD AN XRAY THAT SHOWED AN ABDOMINAL AOTIC ANEURYSM, WANTING CT TO KNOW SIZE AND CHARACTER OF ANEURYSM; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Enter answer here - or Type In Unknown If No Info Given&#x0D; Right Kidney nodule need further diagnostic evaluation; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</p>	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	evaluation for thoracic; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	exam showing tenderness in lower abdomen, xrays were normal; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient Has Cancer and trying to see where primary cancer is coming from; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has lower abdominal pain that began 5 days ago and burning upon urination. Dull pain LLQ AND RLQ.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is having severe right upper quad pain with a history of pancreatitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Please allow this CT scan so that this patient can be diagnosed and treated accordingly.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT HAS INSULOMA, HGA1C 18.6, ABNORMAL RENAL FUNCTIONS, US SHOWS POLYCYSTIC KIDNEYS, FATTY LIVER, 2.3MM GALLBLADDER WALL POLYP, KIDNEYS ARE ENLARGED; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt with hypertension and CKD with hematuria; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT r/o diverticulitis; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging for metastatic ca progressive weight loss progressive lung ca cognitive changes; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	SURVELLIANCE OF THE CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	The liver and spleen appear normal. No gallbladder abnormality is identified. No pancreatic abnormality is identified. The spleen appears normal. The adrenal glands show an adrenal adenoma on the left side with decreased signal seen on the out of phase; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	8

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	31
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected hematoma and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	10
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	21
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	7
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Abscess.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; acute abdominal pain trying to rule out diverticulitis started 1 month ago pain is daily; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 43 year old male with HIV. Patient has continued to lose weight and has low appetite.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ABD APIN WITH NAUSEA, (EPIGASTRIC PAIN AND TENDERNESS)WORSE AT NIGHT BUT NOT WITH FOODS OR WITHOUT, HEARTBURN, JAUNDACE. PT S A DIABETIC, HAS CHRONIC KIDNEY DISEASE, HAS LOST 50 LBS IN LESS THAN A YEAR; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; collated and a lot of bruising contusion on back and stomach area. 2 months of ab pain and diarrhea.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Extreme abdominal pain, blood in stool, elevated white blood; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient complaint upper abdominal and right sided pain for 3 weeks. Has had fall recently and has had back pain.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient having abdominal abd and pelvic pain accompanied by constipation, ultrasound was normal, needing further imaging studies.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt is experiencing severe and sharp pain. He had a colonoscopy recently and also has hernias, but none of them are bothering him right now.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt is having upper abdominal pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt. having prolonged abd. pain of unknown origin. He had tried medication and diet modification but nothing has helped.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Rt lower quadrant pain, bloating, pain has been going on for 1 week. Constant burning and aching feeling. Decreased appetite. Ten is at 7. diarrhea. diabetic with hx of fatty liver. Struggles with constipation in the past. Also belching.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	16
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	38
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	6
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Retroperitoneal Hemangiopericytoma- needs follow-up; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	9
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	WEIGHT LOSS,COPD,BREAST CANCER,COLD INTOLERANCE,DECREASED APPETITE,DRY COUGH,DYSPNEA,ABD ANTERIOR PALPATION-DOUGHY,ABD PAIN MALIGNANT NEOPLASM OF FEMALE BREAST,EMPHYSEMA; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74181 MRI ABDOMEN	Evaluating bilateral cyst of ovaries and liver mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74181 MRI ABDOMEN	nodule to her adrenal gland; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are not physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis."; "There are active or clinical findings of Crohn's disease, ulcerative colitis, or diverticulitis."; CT ABD/PEL W/WO CONTRAST IMPRESSION:EITHER BOWEL WALL THICKENING VERSES NONDISTENTION OF THE HEPATIC FLEXURE OF THE COLON,THERE IS COLONIC DIVERTICULOSIS. RULE OUT ACCESS,INFLAMMATION,INFECTION. PAIN TO PALPATION	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.";	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	2
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; liver lesion shown on ct This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Multiple hepatic lesions seen on recent CT scan. She went to the ER at my request on her last visit due to acute renal failure and hypotension.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; pt had an abnormal Liver US	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Abnormal Ultrasound of renal and bladder. it showed  Possible liver lesion left lobe versus possible focal sparing. Needing MRI to further evaluate.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Pt had an MRI September 2016. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1
Approval	74181 MRI ABDOMEN		1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	1
Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	74181 MRI ABDOMEN	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; two years; There has been treatment or conservative therapy.; abdominal pain and Dysmenorrhea; pelvic and abdominal ultrasound, Gallbladder scans	1
Approval	75572 CT Heart		3
Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		1
Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	4
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	HX OF CHEST RADIATION  HODGKINS DIAGNOSIS IN 2002; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PT HAS A FAMILY HISTORY OF BREAST CANCER IN A SISTER AND MULTIPLE 2ND DEGREE RELATIVES. SHE HAS A CALCULATED LIFETIME RISK OF 22%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise. ; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). ; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain waking up at night; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pressure and pain, heaviness, Nausea; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). CP swelling in feet and legs DOE tightness SOB fatigue COPD dementia; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	LEFT SIDED CHEST PAIN AGGRAVATED WITH EXERCISE, EXTORTION, FATIGUE, DYSPNEA ON EXERTION, ANGINAL PAIN; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms. Owens is a 44-year-old white female with past medical history significant for a stroke 2 years ago followed by multiple (ministrokes) as she stated; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	newly diagnosed CHF. Will obtain SPECT to rule out ischemia; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Obese patient with diabetes, hypertension, hyperlipidemia, family history of heart disease and abnormal ECG showing ST elevation.; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pain is worse after working as a mechanic. He was seen in the ER for chest pain and was told he needed to be admitted for further eval, but he refused. Describes the pain as sharp and radiating down L arm and into L neck. Pain started after 30 min of unlo; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient had an abnormal ekg. chest pain and shortness of breath; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient has periodic heart flutter .; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient have hypertension, cannot walk on treadmill, COPD, obese, pre operative evaluation.; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	3
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient reports symptoms which include paroxysmal cough of moderate severity and intermittent purulent phlegm for 5 day(s). ; There is shortness of breath, chest tightness or wheezing. ; There is a previous diagnosis of COPD.; Modifying factors: None;; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	7
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	2

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	2
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	had a ct of chest and neck in july of 2016 that was abnormal so needing a follow up and patient has destruction to the bone and need chemo started; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	78813 PET IMAGING WHOLE BODY	<p>FINAL DIAGNOSIS: A. LEFT LOWER LOBE BRONCHIAL BIOPSY: SQUAMOUS CELL CARCINOMA; B. BRONCHIAL WASHINGS (THIN PREP): POSITIVE FOR MALIGNANCY, SQUAMOUS CELL CARCINOMA; Case Comment(s): Immunohistochemistry stains with appropriate controls were performed; 1.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p> <p>This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.</p>	1
Approval	78813 PET IMAGING WHOLE BODY	<p>This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.</p>	1
Approval	78813 PET IMAGING WHOLE BODY	<p>This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.</p>	2
Approval	78813 PET IMAGING WHOLE BODY	<p>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.</p>	1
Approval	78813 PET IMAGING WHOLE BODY	<p>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.</p>	1
Approval	78813 PET IMAGING WHOLE BODY	<p>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.</p>	1
Approval	78813 PET IMAGING WHOLE BODY	<p>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.</p>	1

Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	had a ct of chest and neck in july of 2016 that was abnormal so needing a follow up and patient has destruction to the bone and need chemo started; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	3
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small cell or non small cell lung cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	4
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; The patient has high blood pressure	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	4
Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1
Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1
Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	10
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	4
Approval	S8037 mrcp			1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services		1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	3
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; There is another reason why an MRI is not being considered; this is what the doctor ordered.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; There is another reason why an MRI is not being considered;	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 1/2/2017; It is not known if there has been any treatment or conservative therapy.; Pt visited eye doctor and was told that her right eye is retracting and starting to turn outward. Was told by optometrist that her brain is not recognizing what her left eye is seeing, recommended a CT for further evaluation	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	fever, balance issue; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Memory loss and worsening confusion. s/p 4-6 months; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	MILD AND GRADUAL MEMORY LOSS,HX OF CHIARI MALFORMATION,R/O MASS,INCREASED INTRACRANIAL PRESSURE,INFECTION.SOME GENERALIZED DECONDITIONING,R/O KIDNEY DISEASE,ABNORMAL LABS; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; It is not known if the patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	no response to medication; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	none; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; history of leukemia, gunshot wound, seizure disorder.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient came in for ER follow-up 2/15/2017. Has had multiple contusions for 7 days from incident. Patient also having chronic pain from the incident.; This study is being ordered for trauma or injury.; Patient came in for ER follow-up 2/15/2017. Has had multiple contusions for 7 days from incident. Patient also having chronic pain from the incident.; There has not been any treatment or conservative therapy.; Patient came in for ER follow-up 2/15/2017. Has had multiple contusions for 7 days from incident. Patient also having chronic pain from the incident.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient having migraines possibly, the headache is bilateral, frontal, parietal, temporal, and occipital.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Rule out aneurysm. Pt has family history of aneurysm. Pt had recent trauma to head .; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The Pt has headache, left ear hearing loss.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	TIA; This study is being ordered for Vascular Disease.; 02/09/2017; There has not been any treatment or conservative therapy.; Hemianopsia for 2 hours, then vision returned	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	weight loss and hearing loss; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has hearing loss.; The caller doesn't know if the patient had an audiogram.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT ; This study is being ordered for a neurological disorder.; 1/2/2017; It is not known if there has been any treatment or conservative therapy.; Pt visited eye doctor and was told that her right eye is retracting and starting to turn outward. Was told by optometrist that her brain is not recognizing what her left eye is seeing, recommended a CT for further evaluation	1
Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	Ongoing ear ache and headache; ear drainage; dental pain; very inflamed gums; swelling; significant tenderness; awaiting an appointment with oral surgeon; This study is being ordered for Inflammatory/ Infectious Disease.; 01/03/2017; There has been treatment or conservative therapy.; Severe ear pain; dizziness; nausea; jaw pain-upper and lower; Several rounds of antibiotics. Given Sudafed.	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/4/17; There has been treatment or conservative therapy.; Chronic persistent cough Dyspnea Peripheral edema Copd & bronchitis w/acute exacerbation Headaches; Levoquin Prednisone Anoro Ellipta Sestin	1

Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/29/2016; There has been treatment or conservative therapy.; cough fever nasel dranigage weeszing sinus pressure fatigue and sore throat; steroids antibiotic	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC SINUSITIS,SINUS PAIN,SINUS DRAINAGE,UNPLEASANT ODOR AND TASTE,SINUS TENDERNESS; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Ongoing ear ache and headache; ear drainage; dental pain; very inflamed gums; swelling; significant tenderness; awaiting an appointment with oral surgeon; This study is being ordered for Inflammatory/ Infectious Disease.; 01/03/2017; There has been treatment or conservative therapy.; Severe ear pain; dizziness; nausea; jaw pain- upper and lower; Several rounds of antibiotics. Given Sudafed.	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	PT IS HAVING RECURRENT SINUS INFECTIONS AND RUNNY NOSE; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/30/2017; There has been treatment or conservative therapy.; pt c/o pain in his neck, and says his throat feels swollen. He is also having tremors in his left hand; pt has been taking medication for the pain with no relief. and he is still having tremors in his left hand	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; history of leukemia, gunshot wound, seizure disorder.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient came in for ER follow-up 2/15/2017. Has had multiple contusions for 7 days from incident. Patient also having chronic pain from the incident.; This study is being ordered for trauma or injury.; Patient came in for ER follow-up 2/15/2017. Has had multiple contusions for 7 days from incident. Patient also having chronic pain from the incident.; There has not been any treatment or conservative therapy.; Patient came in for ER follow-up 2/15/2017. Has had multiple contusions for 7 days from incident. Patient also having chronic pain from the incident.	1

Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient is being seen for abnormal labs and swollen lymphnodes. rash, night sweats, back pain,; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	heart cath. on 10/20, chest pain; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; stenosis in R carotid artery, less than 50% stenosis, Doppler velocities are consistent with 50-90% stenosis in R carotid artery; medications, stress test, carotid doppler	1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	heart cath. on 10/20, chest pain; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; stenosis in R carotid artery, less than 50% stenosis, Doppler velocities are consistent with 50-90% stenosis in R carotid artery; medications, stress test, carotid doppler	1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	TIA; This study is being ordered for Vascular Disease.; 02/09/2017; There has not been any treatment or conservative therapy.; Hemianopsia for 2 hours, then vision returned	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Patient to clinic 2 weeks ago c/o neck pain; treated for neck spasms with NSAID therapy - failed treatment. Pt now having radiculopathy symptoms down right arm - request MRI neck; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.;	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< Describe primary symptoms here - or Type In Unknown If No Info Given >; unknown; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; unknown; went in her head	1
Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.;	1
			< Describe primary symptoms here - or Type In Unknown If No Info Given >;	

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ; Chronic, recurring Headache, Confusion, Muscle Weakness, Poor Cognitive abilities, Decreased alertness. Headache unrelieved by medication.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	headache with visual changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	memory loss, confusion.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	new onset of migraines with N&V which he describes as intense brain pain, denies neurological effects associated with headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is being seen for dizziness and facial numbness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has been having severe headaches not relieved by medication; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; unknown; went in her head	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

			< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.;	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal chest x-ray that suggested possible infection.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Caucasian female presents with a history of no specific problems until late summer had an "ant" bite that when from pinpoint to a dime size. This was biopsied and found to be "cancer," Was not melanoma. &#xOD; FUO (fever of unknown origin); A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	cough, COPD, seasonal allergies, one month follow-up Pt has still has cough. 1/26/2017 spitting and coughing up mucus/white substance, only stops coughing when taking Benzonatate, elevated BNP, intermittent pain in LUQ, 1/12/2017 complains of SOB with che; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Looking for Lesions; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Malignant melanoma, unspecified site; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	patient is being seen for abnormal labs and swollen lymphnodes. rash, night sweats, back pain.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	possible mets; lung nodules;; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	shortness of breathe, feet swelling, edema , pain; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	solitary nodule of lung found on CT several years ago. Has not had fu. eval for stability; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Swollen lymph node in the right inguinal area, fatigue, COPD, patient has a history of tobacco use; This study is being ordered for Inflammatory/ Infectious Disease.; Swollen lymph node in the right inguinal area, fatigue, COPD; There has been treatment or conservative therapy.; Swollen lymph node in the right inguinal area, fatigue, COPD; Symbicort, Spiriva, Proair	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; Patient short of breath with chest pain, diaphoresis and dizziness. Increased density noted in lower lung lobes on Chest X-ray. Due to personal history of smoking and fumes from welding, further diagnostic imaging is needed to rule out inflammation, mass ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Persistent, chronic cough since July, unrelieved by antibiotics, cough meds, etc.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt is smoker. Pt went to ER on 12/4, had normal Chest Xray, after visit to ER Pt began coughing up blood; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This pt is a current everyday smoker of at least 30 packs per year for 48 years; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/30; There has not been any treatment or conservative therapy.; neck pain weakness upper bilateral chest pain and shortness of breath	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Hx of bilat pneumonia on CT abd and CXR - in pt with no symptoms, is chronic smoker, discussed with pt possible chronic bronchitis with nicotine use, would not Rx antibiotics for now, would obtain imaging lungs with CT chest; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	I do believe we have to rule out the following possibilities: 1. Rarer causes of positional dyspnea such as a PFO or pulmonary AVM. I think these are less likely due to normal sats with exercise and all the above testing but it is relatively simple to ru; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	Pt was involved in a fight, SOB, pain; This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.	1
Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic neck pain, has done injections with no relief.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt has cervicalgia; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 1/24/2017; There has been treatment or conservative therapy.; back pain, numbness in arms and legs ; medication,	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	3
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	2
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 1/24/2017; There has been treatment or conservative therapy.; back pain, numbness in arms and legs ; medication,	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; This has been a chronic issue no date in notes but has been worsening; There has not been any treatment or conservative therapy.; visual changes, balance issues	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication and a round of physical therapy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/30; There has not been any treatment or conservative therapy.; neck pain weakness upper bilateral chest pain and shortness of breath	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-1-2013; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/21/2016; There has been treatment or conservative therapy.; increased pain in lower back and neck; Medication	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/10/2017; There has been treatment or conservative therapy.; cervical spine pain radiates to bilateral arms, low back pain radiates to left leg; ibuprofen and flexiril	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; spasms; Medications for pain	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

				; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PT HAD AN APPT WITH DR. ROACH ON 02/08/17, PT HAS HAD NECK PAIN FOR MORE THAN 1 YEAR. PT HAS TRIED CONSERVATIVE TREATMENT SUCH AS PHYSICAL THERAPY AND OVER THE COUNTER ALEVE,TYLENOL,IBU. PT 'S SYMPTOMS ARE WORSENING MAKING IT DIFFICULT FOR ADL'S; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary			
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has cervicalgia and lumbar Radiculopathy. Pt has alot of pain in her back, hip, and neck; There has been treatment or conservative therapy.; pt c/o back, hip, and neck pain; pt is taking pain medication ; This study is being ordered for trauma or injury.; 2 MONTHS AGO IS ALL THE PT HAS PROVIDED, NO SPECIFIC DATES; It is not known if there has been any treatment or conservative therapy.; MVA approximately 2 mths ago. States felt fine but started having neck and back pain approximately 1 1/2 mths ago. Also c/o pain in the left side of his his nose radiating up to his head. States feels spacey at times.A couple of weeks ago he developed low	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary			
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		; This study is being ordered for trauma or injury.; MVA was on 02/07/2017, was seen at BRMC ER, xrays were performed, everything was normal. Pt cont to have significant cervical and lbp with radicular s/s; There has been treatment or conservative therapy.; Pt presents with cervical and lbp with radicular s/s radiating down both lower ext. Pain today continues to be 10/10, with very little improvement.; Pt was treated in ER on 02/07/2017 with Hydrocodone, Valium, and IBU. She was seen by NP at our clinic on 02/10/2017, were she continued to rate pain 10/10, stated pain radiates from neck down to her waste line, described as constant pain, applying pressu Abnormal xrays; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/05/2016; There has been treatment or conservative therapy.; Pain in neck radiates down back and into shoulders; PT and meds	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary			

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Breast reduction surgery S/P; This study is being ordered for trauma or injury.; 09/23/2016; There has been treatment or conservative therapy.; LBP radiates to bilateral legs neck pain; PT x 6 weeks rx medication	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	I think this is a flare up of his chronic back pain. The neck seems to be new and more concerning given the numbness in his upper extremities. X-ray showed some chronic degenerative changes. Last MRI of neck or back was 7 years ago. Will get those MRIs sc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 years; There has been treatment or conservative therapy.; Low back pain noted. Reason for visit: Pain. The discomfort is most prominent in the lower lumbar spine. The pain does not radiate. He characterizes it as stabbing. This is a chronic, but intermittent problem with an acute exacerbation. He states th; home pt and nsaid	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; &Enter Additional Clinical Information>	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in left arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain is worse with prolong standing or sitting; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/31/2017; There has been treatment or conservative therapy.; back pain through flank;; meds	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain with rang of motion; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has been given stretching exercise, had done 6 weeks of physical therapy and tried and failed Nsaids, with no relief.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Neck pain: patient has been having neck pain for Several months. Pain is moderate and has been progressive. Sometimes radiating to both shoulders. Associated with spasm. He is a bartender and does a lot of lifting at work as well and these exacerbate the; There has been treatment or conservative therapy.; pain in neck radiating into both shoulders. hurting in lower back that is radiating into right leg; patient has had physical therapy, Nsaids, stretching and pain getting worse.</p>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has had this neck pain for over a month. The pain is described as severe, intermittent, sharp, stabbing, and throbbing. The neck pain is also causing bilateral upper extremity paresthesia.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Trying cold packs on the tight, painful areas in the neck. Heat applied to the neck may help relieve pain and stiffness (i.e. hot tub, shower, heating pad, hot water bottle). Massage the tight muscles in the back of the neck to help relieve the pain.; Norco, Prednisone & Tizanidine</p>	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient to be evaluated for fibromyalgia. She is unable to estimate the duration of symptoms. The diagnosis was arrived at by the presence of tenderness at specified tender points when pressure to the site is applied, symptoms present continuously for o; This study is being ordered for trauma or injury.; 10 YEARS AGO; There has been treatment or conservative therapy.; back pain going down both legs. neck injury 10 years ago from MVA. pain going down both arms. cervical motion tenderness.; physical therapy,naproxen,otc anti-inflammatory meds</p>	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She saw the chiropractor yesterday. She states that he thinks she has some cervical disc issues. She has disc disease. She has had surgery on her lumbar spine in 2007. She got a massage earlier today. Massage therapist also felt like she had some cer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-27-16; There has been treatment or conservative therapy.; pain in lower back that radiates down hip to legs and pain in mid-neck that goes down to both arms and makes them tingle; she has had chiropractic therapy from 2 different doctors and massage therapy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; pt is having numbness/tingling in neck, right arm, and right hand; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Neck pain exacerbated by hypertension	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; patient is having pain in neck	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; having pain in neck radiating g down to right arm, severe pain, cannot turn head left or right , and numbness and tingling in right hand	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; NECK PAIN IS NEW ONSET IN THE LAST 4-6 WEEK. PT HAS TRIED TENS UNIT AND HEATING PAD FOR RELIEF WITH NO IMPROVEMENT. PAIN IS RADIATING DOWN HIS BACK AND LEFT SHOULDER.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt has intractable neck pain w/ osteoarthritis changes, severe pain between C2 and C4 that is getting worse and radiating down both arms, weakness in both arms.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; sudden severe neck pain w/numbness and tingling; taking muscle relaxer and pain med w/no relief	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Chronic neck pain	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; PATIENT HAS TENDERNESS C5-C7 AND LEFT TRAPEZIUS MUSCLES. 25% DECREASE IN RANGE OF MOTION IN ALL DIRECTIONS. PATIENT HAS PAIN POSTERIOR C-SPINE WITH RADIATION OF TINGLING SENSATIONS DOWN TO ALL FINGERS FOR 8 DAYS.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/9/2016; There has been treatment or conservative therapy.; neurological deficits.; medication	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; burning , pain ;; Chiropractic care ; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt reports numbness and weakness to bilateral arms and pain. Xray shows bones spurs- Pt having issues with erectile dysfunction- pt has been treated with infeds and gabapentin.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle weakness - per Xray; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Unknown; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; pt has shoulder pain described as dull of aching with radiating symptoms to bilateral upper arms and neck. Its made worse by shoulder motion or elevation	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	to evaluate the source of the back pain; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication and a round of physical therapy	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; burning , pain ;; Chiropractic care	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-1-2013; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/21/2016; There has been treatment or conservative therapy.; increased pain in lower back and neck; Medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/10/2017; There has been treatment or conservative therapy.; cervical spine pain radiates to bilateral arms, low back pain radiates to left leg; ibuprofen and flexiril	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam finding; pt reports bilateral lower extremity weakness with sitting and ambulation; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; 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.; Hydrocodone	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	3
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has cervicalgia and lumbar Radiculopathy. Pt has alot of pain in her back, hip, and neck; There has been treatment or conservative therapy.; pt c/o back, hip, and neck pain; pt is taking pain medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2 MONTHS AGO IS ALL THE PT HAS PROVIDED, NO SPECIFIC DATES; It is not known if there has been any treatment or conservative therapy.; MVA approximately 2 mths ago. States felt fine but started having neck and back pain approximately 1 1/2 mths ago. Also c/o pain in the left side of his his nose radiating up to his head. States feels spacey at times.A couple of weeks ago he developed low	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; MVA was on 02/07/2017, was seen at BRMC ER, xrays were performed, everything was normal. Pt cont to have significant cervical and lbp with radicular s/s; There has been treatment or conservative therapy.; Pt presents with cervical and lbp with radicular s/s radiating down both lower ext. Pain today continues to be 10/10, with very little improvement.; Pt was treated in ER on 02/07/2017 with Hydrocodone, Valium, and IBU. She was seen by NP at our clinic on 02/10/2017, were she continued to rate pain 10/10, stated pain radiates from neck down to her waste line, described as constant pain, applying pressu	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal xrays; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/05/2016; There has been treatment or conservative therapy.; Pain in neck radiates down back and into shoulders; PT and meds	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain after pregnancy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Breast reduction surgery S/P; This study is being ordered for trauma or injury.; 09/23/2016; There has been treatment or conservative therapy.; LBP radiates to bilateral legs neck pain; PT x 6 weeks rx medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic low back pain details; the location is primarily in the mid and lower lumbar spine. The pain radiates to the left posterior thigh. She characterizes it as constant. This is a chronic, but intermittent problem with an acute exacerbation. The ev; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic back pain for 15 years but is getting worse.  Headache/Dizziness X one years.; There has been treatment or conservative therapy.; Chronic low back pain details; the location is primarily in the mid and lower lumbar spine. The pain radiates to the left posterior thigh. She characterizes it as constant. This is a chronic, but intermittent problem with an acute exacerbation. The ev; Tylenol/IBU/muscle relaxer with no relief	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	hx of back problems, lesi; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	I think this is a flare up of his chronic back pain. The neck seems to be new and more concerning given the numbness in his upper extremities. X-ray showed some chronic degenerative changes. Last MRI of neck or back was 7 years ago. Will get those MRIs sc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 years; There has been treatment or conservative therapy.; Low back pain noted. Reason for visit: Pain. The discomfort is most prominent in the lower lumbar spine. The pain does not radiate. He characterizes it as stabbing. This is a chronic, but intermittent problem with an acute exacerbation. He states th; home pt and nsaid	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	left leg weakness; This study is being ordered for a neurological disorder.; 3/3/17; There has been treatment or conservative therapy.; Pain in the lower back; medications and at home exercise	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain radiating into right hip; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain, talked with the Laser Spine Institute and they need acurrent MRI. She saw the specialist here, has had injections and PT without improvement, Xray of L-Spine shows multilevel degenerative disc disease and face degenerative change, most not; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbago w/ sciatica left sided. Positive straight leg lift, numbness, tingling radiates to lower extremities, conservative treatment is not helping. X-ray shows degenerative disc space narrowing.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; positive straight leg lift, pain radiates to let hip and lower extremity	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. PALACIOS presents with low back pain. The discomfort is most prominent in the mid and left, mid lumbar spine. This radiates to the left anterior thigh. This is acute attack with history of similar prior event 14 years ago (but last time the pain ra; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/8/2016; There has been treatment or conservative therapy.; Low back pain, left hip pain, constant aching and shooting pain down left leg.; ANTI INFLAMMOTORY, AND MULTIPLE THERAPYS INCLUDING PHYSICAL THERAPY.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Medrol, celestone, nsaid, Flexerill, and diclofenac	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; unknown numbness down the left leg, tail bone and low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	oral pain med w/no relief; had anti inflammatory injection no relief; experiencing numbness/tingling in lower extremities; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain is radiating down into right leg causing weakness, pain & radiculopathy in right leg. Patient is to the point he can't even walk on his right leg. This pain has been present for several weeks. It is constant.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Stretching; Cyclopbenzprine & Ibuprofen pain is worse with prolong standing or sitting; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	01/31/2017; There has been treatment or conservative therapy.; back pain through flank;; meds	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been given stretching exercise, had done 6 weeks of physical therapy and tried and failed Nsaids, with no relief.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Neck pain: patient has been having neck pain for Several months. Pain is moderate and has been progressive. Sometimes radiating to both shoulders. Associated with spasm. He is a bartender and does a lot of lifting at work as well and these exacerbate the; There has been treatment or conservative therapy.; pain in neck radiating into both shoulders. hurting in lower back that is radiating into right leg; patient has had physical therapy, Nsaids, stretching and pain getting worse.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS CHRONIC BACK PAIN.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has lumbar radiculopathy, stabbing an burning sensation on left side; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS SELF EMPLOYED AND CANNOT GO ANYWHERE TO DO THERAPY. PAIN IS CHRONIC AND GETTING WORSE AND CAUSING SLEEP DISRUPTION. PATIENT WAS IN A MVA ON 4/26/16.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; HYDROCODEINE ULTRAM	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient to be evaluated for fibromyalgia. She is unable to estimate the duration of symptoms. The diagnosis was arrived at by the presence of tenderness at specified tender points when pressure to the site is applied, symptoms present continuously for o; This study is being ordered for trauma or injury.; 10 YEARS AGO; There has been treatment or conservative therapy.; back pain going down both legs. neck injury 10 years ago from MVA. pain going down both arms. cervical motion tenderness.; physical therapy,naproxen,otc anti-inflammatory meds	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT WAS INVOLVED IN A MVA ON 2/13/2017, REPORTS PAIN IN THE NECK AND LOWER BACK WITH PAIN RADIATING DOWN BOTH LEGS. PATIENT ALSO REPORTS MUSCLE SPASMS AND STIFFNESS LOWER BACK AND NECK WITH PAIN WHEN SHE TRIES TO MOVE.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; MUSCLE SPASMS IN NECK AND LOWER BACK	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has a history of lumbar radiculopathy for 5 years and never wanted any surgery in the past, , pain has been under control with hydrocodone, no weakness, severe pain runs down the legs. he now needs a repeat mri. fm hx back problems. decreased rom , ten; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt with frequent falls with chronic low back pain. Eval reason for pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt. have taken medication for muscle spasms, and other medication for a while; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; pain in low back radiating down his leg, irregular gait	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt. straight leg test + tenderness to palpitation on the Rt. , worsening of symptoms; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	she has severe spinal canal stenosis as of 2007 ....she is now having rle radicular symptoms despite conservative mgt; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She saw the chiropractor yesterday. She states that he thinks she has some cervical disc issues. She has disc disease. She has had surgery on her lumbar spine in 2007. She got a massage earlier today. Massage therapist also felt like she had some cer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-27-16; There has been treatment or conservative therapy.; pain in lower back that radiates down hip to legs and pain in mid-neck that goes down to both arms and makes them tingle; she has had chiropractic therapy from 2 different doctors and massage therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/9/2016; There has been treatment or conservative therapy.; neurological deficits.; medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Xray of the lumbar spine shows degenerative changes with irregularity narrowed joint spaces and osteophyte formation.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having pain in lower abd area; This study is being ordered due to known or suspected infection.; It is not known if the ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient.; "The caller does not know whether there are active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "Caller does not know whether there are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "Caller does not know if there are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/17/16; There has not been any treatment or conservative therapy.; weakening of left leg, blood batch for spinal headache on 12/21/16	1
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/3/2017; There has been treatment or conservative therapy.; JOINT TENDERNESS, DECREASED MOBILITY, NUMBNESS AND POPPING, TINGLING AND WEAKNESS IN ARMS; STERIOD DOSE PACK continues pain in left shoulder; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Tramadol 50mg; The patient received medication other than joint injections(s) or oral analgesics.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	severe right shoulder pain, swelling, limited range of motion, taking medication, did a x-ray, radiating pain going down to hand, no redness; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Shoulder Pain, x-ray was normal.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	THE ONLY CONSERVATIVE TREATMENT FOR THIS PROBLEM WAS HYDROCODONE  AND HE IS ON GABAPENTIN. LEFT SHOULDER PAIN, PT HAD BEEN TO THE ER FOR THE PAIN AND WAS TOLD HE HAD A PARTIAL TEAR, XRAY WAS NORMAL. PT WEARING A SLING.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; R/O rotator cuff or ligament tear	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; right shoulder derangement, subluxation. started about one year ago, suggestive of labrum issue. Pain interferes with sleep at night, ibuprofen not effective, today in great deal of pain, had to put back in place	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; PATIENT C/O RESTRICTED ROM AND PAIN IN RIGHT SHOULDER, WORSE WITH OVERHEAD ACTIVITIES, STATES HE HURT HIS SHOULDER WHEN PICKING SOMETHING UP, IT FELT LIKE IT HAD TORN	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically		2

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; There is no conservative treatment of Physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has had heel pain for 3 months. There is no injury to the foot. There is a burning sensation which radiates to the calf area. There is no numbness. Patient has taken no medications or therapy for this problem.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 19 December 2016; There has been treatment or conservative therapy.; Pain in Rt Hip and RT Knee area getting worse; Anti-inflammatories, Heat	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 10/16/2016; There has been treatment or conservative therapy.; bilateral hip pain; over the counter medications and heat an ice	2
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	left leg weakness; This study is being ordered for a neurological disorder.; 3/3/17; There has been treatment or conservative therapy.; Pain in the lower back; medications and at home exercise	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/8/2016; There has been treatment or conservative therapy.; Low back pain, left hip pain, constant aching and shooting pain down left leg.; ANTI INFLAMMOTORY, AND MULTIPLE THERAPYS INCLUDING PHYSICAL THERAPY.	1

Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	TENDER LATERAL SIDE OF RIGHT THIGJH NEAR HIP REGION. NORMAL RANGE OF MOTION.; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 19 December 2016; There has been treatment or conservative therapy.; Pain in Rt Hip and RT Knee area getting worse; Anti-inflammatories, Heat	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ELEVATED BLOOD LEVELS OF NOREPI AND DOPAMINE. CT OF ADRENALS TO MAKE SURE THERE ARE NO TUMORS MAKING TO MUCH OF THOSE HORMONES.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Looking for Lesions; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had an abnormal liver function test; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is being seen for abd. pain pos. hernia.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Physical exam shows MODERATE TENDERNESS RUQ to palpation.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Rule out pancreatitis; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	urinary loss of control and tract infections; and pain with urination, increased urinary frequency, and feelings of urgency, Urinary tract infectious disease, Urinary incontinence; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	LLQ pain since 10/2016; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Malignant melanoma, unspecified site; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of abdominal pain and diarrhea since 03/02/2017. As of 03/21/2017 she continues to have right upper quadrant pain and now nausea. Thought to have gallbladder issues however workup was unrevealing.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt has been having Right upper quadrant pain and right lower quadrant pain for a month; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAS CHRONIC ABD & PELVIC PAIN. PT HAS A PELVIC PERFORMED BY GYN AND WAS NORMAL. PT WAS SEEN @ ST.VINCENT ER ON 01/14/17 PT WAS GIVEN FLEXERIL AND MELOXICAM, PT HAS HAD NEGATIVE BACK XRAY.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAS CHRONIC ABD AND PELVIC PAIN. PT HAS HAD A PELVIC EXAM AND PAIN SO SEVERE HAD AN EMERGENCY ROOM VISIT. PT HAD AN ABD & PELVIC U/S RECENTLY, BOTH ARE NORMAL; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Swollen lymph node in the right inguinal area, fatigue, COPD, patient has a history of tobacco use; This study is being ordered for Inflammatory/ Infectious Disease.; Swollen lymph node in the right inguinal area, fatigue, COPD; There has been treatment or conservative therapy.; Swollen lymph node in the right inguinal area, fatigue, COPD; Symbicort, Spiriva, Proair	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Abdominal mass in lower left quadrant.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; ; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information>	3
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdomen pain with meals diarrhea weight gain weakness	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain, R/O blockage; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Caucasian female presents with a history of no specific problems until late summer had an 'ant' bite that when from pinpoint to a dime size. This was biopsied and found to be "cancer," Was not melanoma&#xOD; FUO (fever of unknown origin); Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; diffuse abdominal pain with diffuse tenderness	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Hx of Diverticulitis, left lower quadrant abdominal pain for a few weeks, and constipation.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt c/o having abdominal pain that starts 1-2 hrs after eating. She says its worse when lying down	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt c/o left lower quadrant pain. She had a growth on her ovary in the past; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt has been having edema in her upper left leg. The physician is looking for compressed veins	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; several year h/o LLQ and L groin pain following surgery to removal bladder mesh/sling. Worsening recently.guarding, LLQ tenderness, and suprapubic tenderness; incontinence stress, increased urinary frequency, feelings of urgency, and suprapubic pain; and ; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; severe pain; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Patient is having severe weight loss and Left lower quad pain x 4 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Trauma; RIGHT LOWER QUADRANT ABD PAIN,PAIN RADIATING TO BACK,ACHY PAIN,RECENT FALL,RULE OUT ETIOLOGIES; Yes this is a request for a Diagnostic CT	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	5 fibroids that were seen 9 cm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/23/2017; There has not been any treatment or conservative therapy.; fibroids, loss of pregnancy 11/2016,	1
Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1
Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Disapproval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for Inflammatory/ Infectious Disease.; 9/22/2016; There has been treatment or conservative therapy.; NASAL CONGESTION, UPPER RESPIRATORY INFECTIONS, ORAL THRUSH, SORE THROAT, FATIGUE, SINUS PRESSURE, AND SWEAT.; ALLERGY MEDS, AND NASAL SPRAYS.	1
Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	2
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	6
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Had a EKG on 02/10/2017 and was abnormal and having chest pain. Shortness of breath.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	high blood pressure sob left arm numbness; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient has synope and collapse; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	patient is having chest pains; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt c/o substernal chest pain intermittently for over 10 days. Hx of tobacco use.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt has had episodes of palpitations and being more recently lasting as long as 12 hours and happening more frequently; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	the Pt has sharp pain in right hes tradiating around to back 15 min per episode occurring at least once a week; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for this cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	2
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1

Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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.	2
Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 54 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.	1
Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients without a 30 pack per year history of smoking or do not have a history of smoking do not meet the criteria for lung cancer screening.	1
Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	PT HAD LOW DOSE CT LUNG SCREENING ON 08/24/16. IMPRESSION LUNG RADS #3, DESCRIPTION PROBABLY BENIGN, HIGHEST CODED NODULE IN LEFT LOWER LOBE MEASURING 4 TO 5MM.  2) LUNG RADS CATEGORY S NEGATIVE NO SIGNIFICANT INCIDENTAL FINDINGS ARE FOUND.  RECOMMENDAT; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	Pt is current smoker, last 30 years, smokes 1 - 1/2 packs per day; has a persistent cough for several weeks. MDO insists they want the low dose CT for lung cancer screening rather than the regular Chest CT.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1

Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking.	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has not been any treatment or conservative therapy.;	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has not been any treatment or conservative therapy.;	1
Approval	70544 Mr angiography head w/o dye		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/03/2015; It is not known if there has been any treatment or conservative therapy.;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/03/2015; It is not known if there has been any treatment or conservative therapy.;	1
Approval	71550 MRI CHEST		POST-OP, STERNUM FRACTURE, POST CABG; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK		Patient has pacemaker so a MRI can't be done.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/16/2016; There has been treatment or conservative therapy.; Dull sharp pain. Radiating bilaterally to hips and thighs. Back pain anterior and lateral, from a fall. Groin and sacral pain.; Medication. PT.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has been treatment or conservative therapy.; Has been going on for 5 years. Radiating pain, bilateral, muscle spasms. Nauseated, Lumber radiating through hips and buttocks. complains of knotting.; Physical therapy	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	onset started in 2004; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2016; There has been treatment or conservative therapy.; pierced radiating sharp shoot pain, tightness in neck radiating to shoulder and upper extremity; physical therapy	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	9
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; There has been treatment or conservative therapy.; radiculopathy; pt, meds	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; aching burning stabbing piercing and it's bilateral that's shooting and radiating to bilateral part of ribs.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has been treatment or conservative therapy.; Has been going on for 5 years. Radiating pain, bilateral, muscle spasms. Nauseated, Lumber radiating through hips and buttocks. complains of knotting.; Physical therapy none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease,	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	congenital anomaly, or vascular disease.; none; There has been treatment or conservative therapy.; radiculopathy; pt, meds	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	onset started in 2004; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2016; There has been treatment or conservative therapy.; pierced radiating sharp shoot pain, tightness in neck radiating to shoulder and upper extremity; physical therapy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	14
Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient has pacemaker so a MRI can't be done.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/16/2016; There has been treatment or conservative therapy.; Dull sharp pain. Radiating bilaterally to hips and thighs. Back pain anterior and lateral, from a fall. Groin and sacral pain.; Medication. PT.	1
Approval	72196 MRI PELVIS 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1
Approval	W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	41 y.o. female with a history of recurrent anterior epistaxis bilaterally. Telangiectasias were identified bilaterally on nasal endoscopy today. Suspecting HHT and discussed the pathophysiology of HHT including family history, autosomal dominant, and trea; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	41 y.o. female with a history of recurrent anterior epistaxis bilaterally. Telangiectasias were identified bilaterally on nasal endoscopy today. Suspecting HHT and discussed the pathophysiology of HHT including family history, autosomal dominant, and trea; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		Patient suffers from neck pain with radiculitis that radiates down both arms, and causes numbness and tingling.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Approval	70544 Mr angiography head w/o dye		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 34 YEARS; There has been treatment or conservative therapy.; Kidney disease;	1
Approval	70544 Mr angiography head w/o dye		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1

Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 6/2/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	71250 CT CHEST, THORAX	chronic hiccups past 2.5 months, study recommended by cardiologist; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; urinary retention, cyst on R kidney, hypertension	1
Approval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	Aneurysm upper extremity; Is this a request for one of the following? MR Angiogram Upper Extremity	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	previous cta abd/ple done; 01/24/2017 mass found; ct abd recommended; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; It is not known if there has been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT	1

Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/8/2015; There has been treatment or conservative therapy.; ; Dialysis	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; ; Yes this is a request for a Diagnostic CT	1
Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 6/2/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Approval	74181 MRI ABDOMEN		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; urinary retention, cyst on R kidney, hypertension	1
Approval	74181 MRI ABDOMEN		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; to evaluate mass	1
Approval	74181 MRI ABDOMEN 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST		This is a request for a MR Angiogram of the abdomen. < Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/8/2015; There has been treatment or conservative therapy.;; Dialysis	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 34 YEARS; There has been treatment or conservative therapy.;; Kidney disease;	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 01/4/2017; There has been treatment or conservative therapy.; syncope; therapy	1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 01/4/2017; There has been treatment or conservative therapy.; syncope; therapy	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; pt has pneumonia; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ABDOMINAL PAIN; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>;	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Infection or Inflammation; There is another reason why an MRI is not being considered; Pt coming for follow up after craniectomy for hardware exposure with infection	1

Approval	70450 CT BRAIN, HEAD	; This study is being ordered for Vascular Disease.; November of 2016; There has been treatment or conservative therapy.; right sided weakness, dizziness, numbness in fingers, pain in legs, confusion; medication. Patient also had bypass	1
Approval	70450 CT BRAIN, HEAD	Left leg weakness with burning pain. Left lower extremity weakness and hyperreflexia.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications none; This study is being ordered for trauma or injury.; 11/26/2016; There has been treatment or conservative therapy.; headaches and pain; physical therapy, tlso brace and medication	1
Approval	70450 CT BRAIN, HEAD	Patient has h/o brain bleed related to MVA on Jan 6, 2017. He also has been having vertigo since his MVA. A CT of the brain is being requested to evaluate the brain bleed.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	Patient is post-op from his craniotomy for removal of abscess.; This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is not a evaluation for a bone tumor or abnormality of the skull.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Approval	70450 CT BRAIN, HEAD	Patient recently underwent Right retrosigmoid craniotomy with microvascular decompression on 2/7/17. This is a post-op follow-up.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Approval	70450 CT BRAIN, HEAD	Patient states headaches are becoming more frequent in the past year and describes the pain as 8/10 in intensity and the episodes are occurring more frequently and becoming more intense. Patient report having 1-2 headaches per week.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Approval	70450 CT BRAIN, HEAD	Patient with a history of cerebral aneurysm, complete carotid artery occlusion, having TIA like symptoms.; This study is being ordered for Vascular Disease.; april 2015; There has been treatment or conservative therapy.; TIAs, difficulty expressing herself, trouble with speech; blood thinners	1

Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	3
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	2
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	4
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	8
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	3
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	6
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	12
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/29/2016; There has been treatment or conservative therapy.; left carotoid artery injury; medications, studies done	1

Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; November of 2016; There has been treatment or conservative therapy.; right sided weakness, dizziness, numbness in fingers, pain in legs, confusion; medication. Patient also had bypass	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Patient with a history of cerebral aneurysm, complete carotid artery occlusion, having TIA like symptoms.; This study is being ordered for Vascular Disease.; april 2015; There has been treatment or conservative therapy.; TIAs, difficulty expressing herself, trouble with speech; blood thinners	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	30
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/29/2016; There has been treatment or conservative therapy.; left carotoid artery injury; medications, studies done	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; November of 2016; There has been treatment or conservative therapy.; right sided weakness, dizziness, numbness in fingers, pain in legs, confusion; medication. Patient also had bypass	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Patient with a history of cerebral aneurysm, complete carotid artery occlusion, having TIA like symptoms.; This study is being ordered for Vascular Disease.; april 2015; There has been treatment or conservative therapy.; TIAs, difficulty expressing herself, trouble with speech; blood thinners	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	6
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	CONTINUED FOLLOW UP IN MEMBER WITH HISTORY OF NEUROFIBROMATOSIS TYPE WITH WITH ORBITAL PLEXIFORM NEUROFIBROMA.; This study is being ordered for a neurological disorder.; 9/2014; There has been treatment or conservative therapy.; PLEXIFORM NEUROFIBROMA WITH NEUROFIBRAMATOSIS TYPE 1, HAS HAD MULTIPLE SURGERIES FOR HIS ORBITAL IMPLANT AND FRONTALIS SLING, SCANS RECOMMENDED AS CONTINUED FOLLOW UP; BIFRONTAL CRANIOTOMY WITH FRONTAL ORBITAL ADVANCEMENT, ORBITAL EXENTERATION, RESECTION OF CAVERNOUS SINUS TUMOR	1
Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2016; There has been treatment or conservative therapy.; vision loss, papilledema ,idiopathic intracranial hypertension; Medication	1
Approval	70544 Mr angiography head w/o dye	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1

Approval	70544 Mr angiography head w/o dye	Follow up of a patient with aneurysm, which resulted in carotid occlusion and ischemic strokes; This study is being ordered for Vascular Disease.; Sep. 2014; There has been treatment or conservative therapy.; Headache, numbness in face, double vision; Aspirin	1
Approval	70544 Mr angiography head w/o dye	PATIENT IS HAVING NEW ONSET OF HEADACHE SINCE RESECTION OF AVM; This study is being ordered for Vascular Disease.; FOLLOW UP OF PATIENT WITH AVM. HEADACHE; There has not been any treatment or conservative therapy.; HISTORY OF AVM, HEADACHE	1
Approval	70544 Mr angiography head w/o dye	The MRV head with contrast is necessary to look for underlying dural venous stenosis.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	THIS IS A REQUEST FOR AN MRI BRAIN W/WO, MRA BRAIN W/TIME OF FLIGHT. AVM; This study is being ordered for Congenital Anomaly.; DECEMBER 2016; It is not known if there has been any treatment or conservative therapy.; AVM, HEADACHE, STENOSIS	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/2016; There has not been any treatment or conservative therapy.; scoliosis	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2016; There has been treatment or conservative therapy.; vision loss, papilledema ,idiopathic intracranial hypertension; Medication	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; c/o headaches neck pain numbness in the arms weakness in hands per report; observation with repeat imaging, and pain management for complaints of headaches and neck pain patient was scheduled initially for surgery back in November of 2016.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	10 MONTH FOLLOW UP OF A PATIENT WITH HISTORY OF MULTIPLE MENINGIOMAS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	17 month follow up of patient with colloid cyst. Had surgery July of 2014.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3 x 3 cm tentorial meningioma arising from the left tentorium extending upward into her trigone area. I am not quite certain that her symptoms are being caused by this lesion and because of its location would recommend surgical treatment only if it is de; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	asymmetrical hearing loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has hearing loss.; The patient did not have an audiogram.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Brooke is here to go over the results of her recent studies with her mom. She continues to have some headaches but for the most part they're tolerable. Her biggest complaint today is of right paralumbar back pain which is worse when she stands a lot. She ; This study is being ordered for a neurological disorder.; 1/6/15; There has been treatment or conservative therapy.; 15 year old female with at least one sister with Chiari I who was diagnosed in 2014 with Chiari I by Dr. Boop. At that time the was a suspicious area os signal intensity change in the cord as well.. She has had severe suboccipital headaches exacerbated by; Imitrex 25 mg tablet   Take 1 tablet po at onset of HA - if the migraine has not resolved by 2 hours after taking IMITREX Tablets, or returns after a transient improvement, a second dose may be administered at least 2 hours after the first dose. The max	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CONTINUED FOLLOW UP IN MEMBER WITH HISTORY OF NEUROFIBROMATOSIS TYPE WITH WITH ORBITAL PLEXIFORM NEUROFIBROMA.; This study is being ordered for a neurological disorder.; 9/2014; There has been treatment or conservative therapy.; PLEXIFORM NEUROFIBROMA WITH NEUROFIBRAMATOSIS TYPE 1, HAS HAD MULTIPLE SURGERIES FOR HIS ORBITAL IMPLANT AND FRONTALIS SLING, SCANS RECOMMENDED AS CONTINUED FOLLOW UP; BIFRONTAL CRANIOTOMY WITH FRONTAL ORBITAL ADVANCEMENT, ORBITAL EXENTERATION, RESECTION OF CAVERNOUS SINUS TUMOR	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	EVALUATION FOR CONTINUED TREATMENT PLANS.; This study is being ordered for Congenital Anomaly.; 9/25/2012; There has been treatment or conservative therapy.; CHIARI MALFORMATION, RIGHT HIP DISLOCATION AND SUBSEQUENT LEG-LENGTH DISCREPANCY, SCOLIOSIS WHICH HAS BOTH A NEUROMUSCULAR AS WELL AS CONGENITAL COMPONENT, NEUROGENIC BLADDER AND BOWEL.; LIPOMENINGOCELE AT L5 AND S1 REPAIR 2013, TWO CHIARI DECOMPRESSIONS	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	EVALUATION FOR TREATMENT OPTIONS.; This study is being ordered for Congenital Anomaly.; 03/25/2003; There has been treatment or conservative therapy.; HE CANNOT WALK, HAS LEG DEFORMITIES, CONCERN FOR SCOLIOSIS, HAS SOME INCREASED THORACIC KYPHOSIS AND INCREASED LUMBAR LORDOSIS; HAD MYELOMENINGOCELE SURGERY	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up of a patient with aneurysm, which resulted in carotid occlusion and ischemic strokes; This study is being ordered for Vascular Disease.; Sep. 2014; There has been treatment or conservative therapy.; Headache, numbness in face, double vision; Aspirin	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FOLLOW UP OF CEREBELLAR TUMOR. HAD RESECTION ON 6-1-16; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FOLLOW UP OF MENINGIOMA. HAD RESECTION.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up of patient with history of meningioma; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FOR FURTHER TREATMENT EVALUATION; This study is being ordered for Congenital Anomaly.; 06/03/2008; There has been treatment or conservative therapy.; SPINA BIFIDA, NEUROGENIC BOWEL AND BLADDER, VP SHUNT, HAS HAD INCREASED TONE IN HIS LOWER LIMBS & UPPER EXTREMITIES, DIFFICULTY REACHING OVERHEAD, NEW SPASTICITY OF UNDERTERMINED ETIOLOGY.; CLOSED MYELOMENINGOCELE, SHUNTED HYDROCEPHALUS WITH NONPROGRAMMABLE VENTRICULOPERITONEAL SHUNT, LAST REVISION 2009, CHIARI 2 DECOMPRESSION	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HEAD CIRCUMFERANCE HAS INCREASED TO OFF THE CHARTS AND IS AT 47 cm; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. HIS CARE WAS TRANSFERRED FROM WISCONSIN TO ARKANSAS AND WE NEED SCANS TO ESTABLISH CARE FOLLOW UP; This study is being ordered for Congenital Anomaly.; 03/21/2010; There has been treatment or conservative therapy.; HAS A TETHERED SPINAL CORD, NEUROGENIC BLADDER AND BOWEL, HE HAS WEAKNESS IN HIS LEGS, HAS LEAKAGE BETWEEN CATHETERIZATIONS; LIPOMYELOMENINGOCELE REPAIR 2012 IN CHINA	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History of intradural extramedullary spinal cord neoplasm. Back pain, right buttock/hip pain that radiates to right lower extremity and creates sharp stabbing pain in right posterior calf.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Malformation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI revealing a Chiari I malformation.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	nausea, vomiting, worsening headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Paige is here with her mother. She just had her MRI scans done of her brain, cervical, thoracic and lumbar spine. They are anxious to know the results. Subjectively she is unchanged with a host of symptoms that could be a Chiari - related, but also could ; This study is being ordered for a neurological disorder.; 2/15/16; There has been treatment or conservative therapy.; Pleasant young lady with history of headaches and mid neck pain as well as postural dizziness and occasional vertigo. Occasional white spots in vision. Ears hurt some times. No tinnitus. Valsalva ? increase headaches. Denies any other symptoms but is "c; Ativan 1 mg tablet   Take 1 tablet(s) PO 30 minutes prior to procedure  05/26/16 prescribed Anthony Capocelli, MD   ibuprofen  05/03/16 entered Tana Nowlin   Imitrex 25 mg tablet   Take one tab po at onset of HA - may take another tab	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PATIENT IS HAVING NEW ONSET OF HEADACHE SINCE RESECTION OF AVM; This study is being ordered for Vascular Disease.; FOLLOW UP OF PATIENT WITH AVM. HEADACHE; There has not been any treatment or conservative therapy.; HISTORY OF AVM, HEADACHE	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient presented to the ER with syncope and a brain tumor was found. She reports slight achy headaches. Need to follow up on this tumor.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt is scheduled for resection of AVM; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniostosis).; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown why this study is being ordered.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt needing follow up MRI brain to follow brain tumor found 6 months ago-needing make sure it hasn't gotten larger.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O GRE; This study is being ordered for a neurological disorder.; 02/2016; There has been treatment or conservative therapy.; Numbness in neck, right upper extremity weak, and weakness right hand.; Insets and chiro	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Surgery Clearance.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The MRI scan of his brain reveals findings that are indeed consistent with a left frontal dermoid so there is nothing that needs to be done about this at this point. I will see him back for follow up again in a year with another MRI scan.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient is experiencing some difficulty with gait and multiple falls. She describes subjective weakness in her legs, however with testing the patient has good strength in all muscle groups. Her gait appears to be shuffling. She also had a positive Rom; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2016; There has been treatment or conservative therapy.; Gait Disturbance; Physical Therapy and at home exercises	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a 6 month follow-up on a meningioma to make sure it is not growing; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a 6 month follow-up on left caudate increase T2 signal lesion.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for a MRI brain to follow up for pineal cyst, 6 months since last imaging. Need to evaluate for any growth in cyst size.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	THIS IS A REQUEST FOR AN MRI BRAIN W/WO, MRA BRAIN W/TIME OF FLIGHT. AVM; This study is being ordered for Congenital Anomaly.; DECEMBER 2016; It is not known if there has been any treatment or conservative therapy.; AVM, HEADACHE, STENOSIS	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	8
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	23

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	7
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; It is not known if surgery is planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is being considered or a non-metalic shunt is not functioning correctly.; The patient has a congenital abnormality.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has a congenital abnormality.	5
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	60
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	20

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	21
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/31/2017; There has not been any treatment or conservative therapy.; headaches, numbness	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; UNKNOWN	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	year follow if for neuroma, fibromatosis; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70554 Functional MRI Brain		1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Approval	71550 MRI CHEST	This study is being ordered for follow-up to trauma.; "The ordering physician is a surgeon, pulmonologist, or cardiologist."; This is a request for a chest MRI. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2016; There has been treatment or conservative therapy.; neck pain radiating to L shoulder, arm feels heavy, back pain radiating to back of r leg and burning in r foot, pt has a pacemaker so cannot have mri's; PT, meds < Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		2
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	abnormal findings on mri, and surgery planning; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Access osteocytes.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	bilateral arm and leg numbness and tingling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/07/2015; There has been treatment or conservative therapy.; neck , mid, and low back pain; surgery and physical therapy, home exercise, anti inflammatory , muscle relaxers, and pain meds	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Evaluation of occipital condyle fracture; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	FAX; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	FOLLOW UP TO MVA, ENSURING FUSION HAS TAKEN; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Increased neck pain. Shooting pain.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	MRI of the cervical spine demonstrates a disk herniation at C3-C4 with moderate canal stenosis. The largest disk herniation is seen at C5-C6 with severe canal stenosis and bilateral neuroforaminal narrowing. There is also a disk herniation at C6-C7 resu; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	NECK PAIN, INTERMITTENT SHOULDER AND LEFT ARM PAIN, CERVICAL INJECTIONS BUT PAIN COMING BACK IMD.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	PATIENT IS HAVING A CERVICAL AND LUMBAR MYELOGRAM. WE ARE REQUESTING APPROVAL FOR CERVICAL CT AND LUMBAR CT POST MYELOGRAM.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT WAS ORIGINALLY IN A CAR ACCIDENT IN 1999 AND HAD TO HAVE A CERVICAL FUSION. SHE HAS BEEN HAVING INCREASING CERVICAL AND LUMBAR PAIN THIS PAST YEAR. SHE IS HAVING INCREASING ARM TINGLING, PAIN AND WEAKNESS AND INCREASING LEG PAIN WITH WEAKNESS.; There has been treatment or conservative therapy.; NECK PAIN WITH ARM WEAKNESS, TINGLING AND PAIN. LUMBAR PAIN WITH PAIN IN BILATERAL LEGS WITH WEAKNESS.; SHE HAS BEEN DOING PHYSICAL THERAPY AS WELL AS MEDICATION.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	POST OP ON SURGERY FEB 14TH 3 LEVEL SURGICAL FUSION-COMPLICATIONS FROM SURGERY TROUBLE SWALLOWING.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	PRIOR ACDF, CHECKING FUSION, AND HARDWARE STRUCTURE; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	SURGERY 1/25/17  ATV ACCIDENT, C1-4 STABILIZED. NEED TO FOLLOW UP ON FRACTURE AND DEVICES TO CHECK FUSING.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	2
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of new foot drop.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.	2
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This is a preoperative CT for surgery on 2-10-17.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is being ordered for staging.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There is a known condition of tumor.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; There is a reason why the patient cannot have a Cervical Spine MRI.	12
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	21
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1

		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/17/16; There has been treatment or conservative therapy.; back pain, burning sensation, weakness and numbness; PT, medication, steroids	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	bilateral arm and leg numbness and tingling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/07/2015; There has been treatment or conservative therapy.; neck , mid, and low back pain; surgery and physical therapy, home exercise, anti inflammatory , muscle relaxers, and pain meds	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Patient has mid back pain for about 3 months that started after her child jumped on her back. She initially had some pain radiating to her right leg but this has improved. Her lumbar MRI is unremarkable. But for her thoracic pain after trauma we will obta; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Pt fell heard a loud pop and said mass appeared on R side of back, previous spine Pt with hardware, checking to make sure hardware is intact, radiating pain; This study is being ordered for trauma or injury.; 2/20/2017; There has not been any treatment or conservative therapy.; radiating pain	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	2
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to known or suspected infection or abscess.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT	1

Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; There is a known condition of neurological deficits.; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is no known condition of tumor, infection, or neurological deficits.;	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	Yes this is a request for a Diagnostic CT	2
Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2016; There has been treatment or conservative therapy.; neck pain radiating to L shoulder, arm feels heavy, back pain radiating to back of r leg and burning in r foot, pt has a pacemaker so cannot have mri's; PT, meds	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/17/16; There has been treatment or conservative therapy.; back pain, burning sensation, weakness and numbness; PT, medication, steroids	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	bilateral arm and leg numbness and tingling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/07/2015; There has been treatment or conservative therapy.; neck , mid, and low back pain; surgery and physical therapy, home exercise, anti inflammatory , muscle relaxers, and pain meds	1

Approval	72131 CT LUMBAR SPINE, LOW BACK	CT and MRI of the lumbar spine are to evaluate for any structural source of his pain.; This study is being ordered for a neurological disorder.; 1/31/2016; There has been treatment or conservative therapy.; Strong and aching in quality back pain.; Patient has tried ESI and Physical Therapy with no improvement.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	none; This study is being ordered for trauma or injury.; 11/26/2016; There has been treatment or conservative therapy.; headaches and pain; physical therapy, tlo brace and medication	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	PATIENT IS HAVING A CERVICAL AND LUMBAR MYELOGRAM. WE ARE REQUESTING APPROVAL FOR CERVICAL CT AND LUMBAR CT POST MYELOGRAM.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT WAS ORIGINALLY IN A CAR ACCIDENT IN 1999 AND HAD TO HAVE A CERVICAL FUSION. SHE HAS BEEN HAVING INCREASING CERVICAL AND LUMBAR PAIN THIS PAST YEAR. SHE IS HAVING INCREASING ARM TINGLING, PAIN AND WEAKNESS AND INCREASING LEG PAIN WITH WEAKNESS.; There has been treatment or conservative therapy.; NECK PAIN WITH ARM WEAKNESS, TINGLING AND PAIN. LUMBAR PAIN WITH PAIN IN BILATERAL LEGS WITH WEAKNESS.; SHE HAS BEEN DOING PHYSICAL THERAPY AS WELL AS MEDICATION.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	Pt fell heard a loud pop and said mass appeared on R side of back, previous spine Pt with hardware, checking to make sure hardware is intact, radiating pain; This study is being ordered for trauma or injury.; 2/20/2017; There has not been any treatment or conservative therapy.; radiating pain	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	11
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	50
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1

Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.	3
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	16
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	4
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	22
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral weakness from elbow to hand with numbness in fingertips.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/2016; There has not been any treatment or conservative therapy.; scoliosis	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/31/2013; There has been treatment or conservative therapy.; headaches, neck and back, extremity weakness; medications, and physical therapy < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/15; There has been treatment or conservative therapy.; pain; physical therapy	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Sept 3, 2016; There has been treatment or conservative therapy.; neck pain, arm pain, shoulder pain, weakness and numbness in fingers, back pain,; medications, physical therapy	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; in hands; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; neck and back pain; positive rt side straight leg raise test; Hx back fusion; PT; injections and medications	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; 1/22/2001; There has been treatment or conservative therapy.; SPASTIC DIPLEGIC CEREBRAL PALSY AS WELL AS TETHERED CORD STATUS POST RELEASE, SCOLIOSIS, NEUROGENIC BLADDER;; RESECTION OF A DERMOID CYST OF THE FILUM, AS WELL AS TETHERED CORD RELEASE ON 6/30/14	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; c/o headaches; neck pain; numbness in the arms; weakness in hands per report; observation with repeat imaging, and pain management for complaints of headaches and neck pain; patient was scheduled initially for surgery back in November of 2016.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with history of brain lesion. Problems with gait. She is having "extreme difficulty walking." Legs give way. Has difficulty standing. No cerebellar abnormalities were found on mri brain.; It is not known if there has been any treatment or conservative therapy.; Patient with problems with gait. Having extreme difficulty walking. legs give way.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	42 yr old right handed female here for neck pain, and was told she had arthritis. Then Dr. Davis told her she had scoliosis. Has been dx with NF, which she was told most patients with NF have scoliosis. ; Cont w neck pain on the left side, that will radi; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Brooke is here to go over the results of her recent studies with her mom. She continues to have some headaches but for the most part they're tolerable. Her biggest complaint today is of right paralumbar back pain which is worse when she stands a lot. She ; This study is being ordered for a neurological disorder.; 1/6/15; There has been treatment or conservative therapy.; 15 year old female with at least one sister with Chiari I who was diagnosed in 2014 with Chiari I by Dr. Boop. At that time the was a suspicious area os signal intensity change in the cord as well.. She has had severe suboccipital headaches exacerbated by; Imitrex 25 mg tablet   Take 1 tablet po at onset of HA - if the migraine has not resolved by 2 hours after taking IMITREX Tablets, or returns after a transient improvement, a second dose may be administered at least 2 hours after the first dose. The max	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Cervical MRI showed mild degenerative changes with straightening of the cervical spine, with mild foraminal stenosis at multiple levels. There is hyperintense signal on sagittal T2 suspicious for possible spinal cord syrinx however this is not seen on the; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms. CHIARI I MALFORMATION FOLLOW UP; This study is being ordered for Congenital Anomaly.; 7/28/16; There has not been any treatment or conservative therapy.; HAS CONTRACTION OF HE MUSCLES WITH BREATHING DIFFICULTY AT NIGHT, WEIGHT GAIN ISSUES	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Complains of bilateral hand numbness and tingling, left shoulder pain, and neck pain. She is currently taking tramadol and vicoprofen with mild relief. She reports she has seen a chiropractor and physical therapist without relief of symptoms.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Doc trying to R/O herniated disc in cervical spine.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings: Pain in numbness radiating into bil arms and wrists. Weakness when raising arms. Left arm is more effected than the right.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	EVALUATION FOR CONTINUED TREATMENT PLANS.; This study is being ordered for Congenital Anomaly.; 9/25/2012; There has been treatment or conservative therapy.; CHIARI MALFORMATION, RIGHT HIP DISLOCATION AND SUBSEQUENT LEG-LENGTH DISCREPANCY, SCOLIOSIS WHICH HAS BOTH A NEUROMUSCULAR AS WELL AS CONGENITAL COMPONENT, NEUROGENIC BLADDER AND BOWEL.; LIPOMENINGOCELE AT L5 AND S1 REPAIR 2013, TWO CHIARI DECOMPRESSIONS	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	EVALUATION FOR TREATMENT OPTIONS.; This study is being ordered for Congenital Anomaly.; 03/25/2003; There has been treatment or conservative therapy.; HE CANNOT WALK, HAS LEG DEFORMITIES, CONCERN FOR SCOLIOSIS, HAS SOME INCREASED THORACIC KYPHOSIS AND INCREASED LUMBAR LORDOSIS; HAD MYELOMENINGOCELE SURGERY	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	ext morning she awoke numbness and tingling affecting the right radial forearm. She notes soreness into the right upper arm but forearm pain has increased in severity. She states that the tingly sensation and numbness has changed to pain and is present wi; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	FOR FURTHER TREATMENT EVALUATION; This study is being ordered for Congenital Anomaly.; 06/03/2008; There has been treatment or conservative therapy.; SPINA BIFIDA, NEUROGENIC BOWEL AND BLADDER, VP SHUNT, HAS HAD INCREASED TONE IN HIS LOWER LIMBS & UPPER EXTREMITIES, DIFFICULTY REACHING OVERHEAD, NEW SPASTICITY OF UNDERTERMINED ETIOLOGY.; CLOSED MYELOMENINGOCELE, SHUNTED HYDROCEPHALUS WITH NONPROGRAMMABLE VENTRICULOPERITONEAL SHUNT, LAST REVISION 2009, CHIARI 2 DECOMPRESSION	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	FURTHER EVALUTION FOR CAUSE OF PROGRESSIVELY WEAKNESS; This study is being ordered for a neurological disorder.; 1999; There has been treatment or conservative therapy.; PREGRESSIVELY GETTING WEAKER, MULTIPLE JOINT DEFORMITIES, DIFFICULTY KEEPING HER BALANCE STRAIGHT AND HER GAIT;; VP SHUNT	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	He also complains of neck pain that radiates to his arms bilaterally, right worse than left. He also complains of numbness and tingling in his arms bilaterally. These symptoms began after the accident on 11/25/2016 and progressively worsened.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	HIS CARE WAS TRANSFERRED FROM WISCONSIN TO ARKANSAS AND WE NEED SCANS TO ESTABLISH CARE FOLLOW UP; This study is being ordered for Congenital Anomaly.; 03/21/2010; There has been treatment or conservative therapy.; HAS A TETHERED SPINAL CORD, NEUROGENIC BLADDER AND BOWEL, HE HAS WEAKNESS IN HIS LEGS, HAS LEAKAGE BETWEEN CATHETERIZATIONS; LIPOMYELOMENINGOCELE REPAIR 2012 IN CHINA	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	History of intradural extramedullary spinal cord neoplasm. Back pain, right buttock/hip pain that radiates to right lower extremity and creates sharp stabbing pain in right posterior calf.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Long history of back pain and headache. Unfortunately, was involved in an MVA several months ago and her back pain has worsened. MRI of the T-spine revealed a multi-focal spinal cord syrinx worse at the uppermost border of the images at C5/6. I don't have; This study is being ordered for a neurological disorder.; 11/01/2016; There has been treatment or conservative therapy.; Headache, posterior neck pain, middle back pain, low back pain; Pain medication, physical therapy	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Marked weakness of right arm; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	neck and back pain radiation to the extremities; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 4 out of 5 motor strength.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This study is being ordered for a neurological disorder.; 10/16/2016; There has been treatment or conservative therapy.; Weakness in rt leg neck and shoulder pain S/P lumbar fusion; Rx medication PT x 6 weeks	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Disc protrusion neck pain left leg pain shoulder and buttock pain LBP; MRI chiropractic care	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Paige is here with her mother. She just had her MRI scans done of her brain, cervical, thoracic and lumbar spine. They are anxious to know the results. Subjectively she is unchanged with a host of symptoms that could be a Chiari - related, but also could ; This study is being ordered for a neurological disorder.; 2/15/16; There has been treatment or conservative therapy.; Pleasant young lady with history of headaches and mid neck pain as well as postural dizziness and occassional vertigo. Occassional white spots in vision. Ears hurt some times. No tinnitus. Valsalva ? increase headaches. Denies any other symptoms but is "c; Ativan 1 mg tablet   Take 1 tablet(s) PO 30 minutes prior to procedure  05/26/16 prescribed Anthony Capocelli, MD   ibuprofen  05/03/16 entered Tana Nowlin   Imitrex 25 mg tablet   Take one tab po at onset of HA - may take another tab	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pain in the back and the neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 1 2016; There has been treatment or conservative therapy.; back pain / neck pain / etc; physical therapy anti inflamroty / home exercises	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient complains of neck pain that is chronic but over the last year she has developed right arm pain with N/T and difficulty grasping objects. She has signs of myelopathy on exam. I am concerned about cervical cord compression and we will obtain an MRI ; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Positive Hoffmann's sign on the right. No Hoffmann's sign on the left. PATIENT HAS HAD A EMG/NCV STUDY AND WAS DETERMINED THAT CERVICAL IMAGING WAS NEEDED.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT IS HAVING WEAKNESS IN BILATERAL ARMS WITH PAIN AND TINGLING.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PATIENT IS ALMOST A YEAR FROM HER CERVICAL FUSION AND IS HAVING INCREASING NECK PAIN WITH SWALLOWING ISSUES AND A BURNING TINGLING FEELING IN BILATERAL HANDS.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PHYSICAL THERAPY, DECREASED RANCE OF MOTION, BILATERAL GRIP IS REDUCED 4 OUT OF 5; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/24/2016; There has been treatment or conservative therapy.; SEVERE NECK AND THORACIC PAIN RADIATING INTO SHOULDER INTO THORAIC SPINE, HAND AND ARM WEAKNESS; MUSCLE RELAXERS, ANTI-INFLAMMATORY, MEDICATIONS, STERIOD INJECTIONS	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt coming for follow up of neurofibromatosis; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The last Cervical Spine MRI was performed within the past 10 months.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt was hit on the head on 1/1/16 by truck railing that has aggravated his condition.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; 4 out of 5 R/O GRE; This study is being ordered for a neurological disorder.; 02/2016; There has been treatment or conservative therapy.; Numbness in neck, right upper extremity weak, and weakness right hand.; Insets and chiro	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	REQUESTING MRI'S TO REVIEW TO TALK SURGERY.; This study is being ordered for a neurological disorder.; 12/2015; There has been treatment or conservative therapy.; He complains of neck pain that radiates to the bilateral shoulders, bilateral scapula right greater than left. He reports that he has pain that goes down both arms to the elbows right worse than left. He reports bilateral hand numbness involving the first;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PATIENT HAS TRIED PHYSICAL THERAPY AND INJECTIONS WHICH HE STATES DID NOT HELP.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	REQUESTING STUDY FOR EVALUATION OF INJECTIONS OR SURGERY; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT IS HAVING WEAKNESS IN BILATERAL ARMS WITH DECREASED WEAKNESS IN THE FOURTH AND FIFTH DIGITS OF THE LEFT HAND.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Rule out any neurological disorders/disc herniation's or fractures.; This study is being ordered for a neurological disorder.; Several years ago; There has been treatment or conservative therapy.; Neck pain with headaches radiates into the left shoulder/scapular area.  tailbone/low back pain- pain becomes worse and sharp before onset of headaches.; Physical therapy/Massage Therapy and Medicines	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	stiff 6 months status post extensive anterior cervical diskectomy and fusion we will get MRI scan return to clinic continues have numb hands; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Cont w some neck pain, bilateral hand and fingertip numbness persist. Dr Evans told her to f/u up with Dr. Knox.  Associated Symptoms:  Associated symptoms include numbness. Issue is not related to a known injury. Relationship to injury: This condition ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	2

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	5
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is experiencing some difficulty with gait and multiple falls. She describes subjective weakness in her legs, however with testing the patient has good strength in all muscle groups. Her gait appears to be shuffling. She also had a positive Rom; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2016; There has been treatment or conservative therapy.; Gait Disturbance; Physical Therapy and at home exercises	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The last spine MRI was performed more than 6 months ago.; Known Tumor with or without metastasis	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is presenting new symptoms.; It is not known if the study is for follow up or staging.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	12
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	76
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; pt with a true cranial nerve palsy. MRI shows brain tumor and we need to check for spinal tumors.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	29

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Abnormal MRI recommended MRI with contrast.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Pt with history of surgery for Chiari malformation. Pt is pregnant and OB wants to know whether patient is ok for vaginal delivery - can she push- or if she should have a C section and would like Dr Raja's input as he performed the patient's surgery in 2; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	20
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	13

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; No, there are no documented clinical findings of Multiple sclerosis.; Yes, there is a laboratory or x-ray evidence of Meningitis.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; This study is being ordered for a neurological disorder.; 01/28/2016; There has been treatment or conservative therapy.; WORSENING NECK AND BACK PAIN; ORAL MEDICATIONS, PHYSICAL THERAPY, CERVICAL AND LUMBAR INJECTIONS, A NECK SURGERY	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/31/2017; There has not been any treatment or conservative therapy.; headaches, numbness	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; UNKNOWN	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Weakness and ataxic gait; This study is being ordered for a neurological disorder.; 01/15/2017; It is not known if there has been any treatment or conservative therapy.; Ataxic gait, weakness in right upper extremity and bilateral lower extremities	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; &Enter Additional Clinical Information&	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Evaluate syringomyelia	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; This is a 6 month follow-up for an abnormal area involving her T1 vertebral body on the left extending into the left T1 pedicle and transverse process. &Enter answer here - or Type In Unknown If No Info Given. &; This study is being ordered for a neurological disorder.; 3/14/17; There has been treatment or conservative therapy.; Low back pain and mid back pain, right leg pain with numbness to the right foot. Leg weakness. Medications; Past surgery on back. multiple injections for pain.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	&Enter answer here - or Type In Unknown If No Info Given. &; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &Enter date of initial onset here - or Type In Unknown If No Info Given &; There has been treatment or conservative therapy.; &Describe primary symptoms here - or Type In Unknown If No Info Given &; &Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &; &Enter answer here - or Type In Unknown If No Info Given. &; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/15; There has been treatment or conservative therapy.; pain; physical therapy ; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; On exam, he again is noted to have restricted and painful left cervical rotation and left lateral flexion with a positive Spurling's. He is tender along the left paracervical area from C3 down to C7. The left trapezius is in a moderate spasm.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; ; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; 1/22/2001; There has been treatment or conservative therapy.; SPASTIC DIPLEGIC CEREBRAL PALSY AS WELL AS TETHERED CORD STATUS POST RELEASE, SCOLIOSIS, NEUROGENIC BLADDER;; RESECTION OF A DERMOID CYST OF THE FILUM, AS WELL AS TETHERED CORD RELEASE ON 6/30/14	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; c/o headaches neck pain numbness in the arms weakness in hands per report; observation with repeat imaging, and pain management for complaints of headaches and neck pain patient was scheduled initially for surgery back in November of 2016.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with history of brain lesion. Problems with gait. She is having "extreme difficulty walking." Legs give way. Has difficulty standing. No cerebellar abnormalities were found on mri brain.; It is not known if there has been any treatment or conservative therapy.; Patient with problems with gait. Having extreme difficulty walking. legs give way.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Admitted to BMC on 1/11/17 for Headache,neck stiffness, back/abdominal pain, fever and incisional redness and Left sided flank pain following an appendectomy and exploratory laparotomy for SBO on 1/4/17. Was found to have Meningitis and an incisional abscess; This study is being ordered for Inflammatory/ Infectious Disease.; Enter date 1/11/2017 of initial onset here - or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; ;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	CHIARI I MALFORMATION FOLLOW UP; This study is being ordered for Congenital Anomaly.; 7/28/16; There has not been any treatment or conservative therapy.; HAS CONTRACTION OF THE MUSCLES WITH BREATHING DIFFICULTY AT NIGHT, WEIGHT GAIN ISSUES	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	EVALUATION FOR CONTINUED TREATMENT PLANS.; This study is being ordered for Congenital Anomaly.; 9/25/2012; There has been treatment or conservative therapy.; CHIARI MALFORMATION, RIGHT HIP DISLOCATION AND SUBSEQUENT LEG-LENGTH DISCREPANCY, SCOLIOSIS WHICH HAS BOTH A NEUROMUSCULAR AS WELL AS CONGENITAL COMPONENT, NEUROGENIC BLADDER AND BOWEL.; LIPOMENINGOCELE AT L5 AND S1 REPAIR 2013, TWO CHIARI DECOMPRESSIONS	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	EVALUATION FOR TREATMENT OPTIONS.; This study is being ordered for Congenital Anomaly.; 03/25/2003; There has been treatment or conservative therapy.; HE CANNOT WALK, HAS LEG DEFORMITIES, CONCERN FOR SCOLIOSIS, HAS SOME INCREASED THORACIC KYPHOSIS AND INCREASED LUMBAR LORDOSIS; HAD MYELOMENINGOCELE SURGERY	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	FOR FURTHER TREATMENT EVALUATION; This study is being ordered for Congenital Anomaly.; 06/03/2008; There has been treatment or conservative therapy.; SPINA BIFIDA, NEUROGENIC BOWEL AND BLADDER, VP SHUNT, HAS HAD INCREASED TONE IN HIS LOWER LIMBS & UPPER EXTREMITIES, DIFFICULTY REACHING OVERHEAD, NEW SPASTICITY OF UNDETERMINED ETIOLOGY.; CLOSED MYELOMENINGOCELE, SHUNTED HYDROCEPHALUS WITH NONPROGRAMMABLE VENTRICULOPERITONEAL SHUNT, LAST REVISION 2009, CHIARI 2 DECOMPRESSION	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	FURTHER EVALUTION FOR CAUSE OF PROGRESSIVELY WEAKNESS; This study is being ordered for a neurological disorder.; 1999; There has been treatment or conservative therapy.; PREGRESSIVELY GETTING WEAKER, MULTIPLE JOINT DEFORMITIES, DIFFICULTY KEEPING HER BALANCE STRAIGHT AND HER GAIT;; VP SHUNT HIS CARE WAS TRANSFERRED FROM WISCONSIN TO ARKANSAS AND WE NEED SCANS TO ESTABLISH CARE FOLLOW UP; This study is being ordered for Congenital Anomaly.; 03/21/2010; There has been treatment or conservative therapy.; HAS A TETHERED SPINAL CORD, NEUROGENIC BLADDER AND BOWEL, HE HAS WEAKNESS IN HIS LEGS, HAS LEAKAGE BETWEEN CATHETERIZATIONS; LIPOMYELOMENINGOCELE REPAIR 2012 IN CHINA	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	History of intradural extramedullary spinal cord neoplasm. Back pain, right buttock/hip pain that radiates to right lower extremity and creates sharp stabbing pain in right posterior calf.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	HPI Comments: 53 y/o male suffered an L2 burst fx in 2015. Underwent posterior spinal fusion. Subsequently had rods removed and has progressively kyphosed since then. Was apparently infected aqt the time of hardware removal and underwent abx therapy. Sin; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; Dizziness, tremors, weakness, numbness, back pain, fatigue;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	I am deeply concerned about the probability of a myelopathy condition in the mid to lower thoracic spine. The sensory complaints are at approximately T10. We will proceed with a Thoracic MRI with and without gad to rule MS of the Thoracic spine. He may ne; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs bilaterally - falls due to the leg numbness  positive Babinski on left and right   clonus noted on left and right; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture. It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; <Enter Additional Clinical Information>	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	LARGE MASS FOUND ON PRIOR EXAMS. NEED DONE WITH AND WITHOUT CONTRAST FOR PRESURGICAL EVALUATION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Long history of back pain and headache. Unfortunately, was involved in an MVA several months ago and her back pain has worsened. MRI of the T-spine revealed a multi-focal spinal cord syrinx worse at the uppermost border of the images at C5/6. I don't have; This study is being ordered for a neurological disorder.; 11/01/2016; There has been treatment or conservative therapy.; Headache, posterior neck pain, middle back pain, low back pain; Pain medication, physical therapy	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	N/A; It is not known if the patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The last Thoracic Spine MRI was performed within the past 10 months.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	N/A; This study is being ordered for a neurological disorder.; 1/5/2009; There has been treatment or conservative therapy.; BACK AND TO MID LOW BACK PAIN, LOWER EXTREMITY NUMBNESS;; PHYSICAL THERAPY, ANTI INFLAMMATORY, NEURONTIN, AND MUSCLE RELAXERS.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Disc protrusion neck pain left leg pain shoulder and buttock pain LBP; MRI chiropractic care	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	PHYSICAL THERAPY, DECREASED RANCE OF MOTION, BILATERAL GRIP IS REDUCED 4 OUT OF 5; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/24/2016; There has been treatment or conservative therapy.; SEVERE NECK AND THORACIC PAIN RADIATING INTO SHOULDER INTO THORAIC SPINE, HAND AND ARM WEAKNESS; MUSCLE RELAXERS, ANTI-INFLAMMATORY, MEDICATIONS, STERIOD INJECTIONS	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pt coming for follow up of neurofibromatosis; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The last Thoracic Spine MRI was performed within the past 10 months.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	pt with known brain tumor, possible carcinomatosis. pt with cranial nerve palsy, we need to check spine for tumors/lesions.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	4
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; 31 year old female recently diagnosed with Chiari I after MRi showed tonsillar herniation and crowding of the foramen magnum No completion studies done. No cine flow. Paitent has had years of headaches refractory to multiple migraine medicines. She has had; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Alyssa is a 29-year-old female from Harrison who presents with history of migraine headaches and syndrome which has troubled her now for about the last year and a half. Onset was gradual and spontaneous. She does not report any history of traumatic brain ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Host of long-standing symptoms including Valsalva headaches , visual issues, fine motor control issues anxiety, palpitations, near syncope, dizziness, imbalance at times. MRI neck with 1 cm tonsillar herniation and crowded foramen magnum. No other studies av; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient has undergone chiropractic treatment, physical therapy, anti-inflammatory use, and was given a IM steroid today. This has been a long-term problem for the patient and no radiologic studies have been performed to this point. We will obtain a cervic; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	6
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	4
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient reports having increasing suboccipital pain. She did have successful relief with an ablation procedure of the third occipital nerve previously. There was worsening symptom complex of the patient and she did undergo a right positive C5-6 diagno; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	2

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	8
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; CORD COMPRESION; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to pre-operative evaluation.; severe hyperreflexia	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.	4
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; It is not known if there is evidence of tumor or metastasis on bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; Persistent left midback and radiating around side pain which is worse at night and with certain movements. Brought T spine MRI from 9/15 which does not show obvious lesion. She has had an MVA and a fall in past that may be where this started. Has had block	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/31/2017; There has not been any treatment or conservative therapy.; headaches, numbness	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 04/22/2016; There has been treatment or conservative therapy.; unknown; PT, home exercise, Medication	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LOWER EXTREMITY WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in leg and foot; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the toe; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Restricted on the right side.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3/14/17; There has been treatment or conservative therapy.; Low back pain and mid back pain, right leg pain with numbness to the right foot. Leg weakness. Medications; Past surgery on back. multiple injections for pain.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/31/2013; There has been treatment or conservative therapy.; headaches, neck and back, extremity weakness; medications, and physical therapy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Sept 3, 2016; There has been treatment or conservative therapy.; neck pain, arm pain, shoulder pain, weakness and numbness in fingers, back pain,; medications, physical therapy ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; 1/22/2001; There has been treatment or conservative therapy.; SPASTIC DIPLEGIC CEREBRAL PALSY AS WELL AS TETHERED CORD STATUS POST RELEASE, SCOLIOSIS, NEUROGENIC BLADDER,;	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	RESECTION OF A DERMOID CYST OF THE FILUM, AS WELL AS TETHERED CORD RELEASE ON 6/30/14	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; c/o headaches neck pain numbness in the arms weakness in hands per report; observation with repeat imaging, and pain management for complaints of headaches and neck pain patient was scheduled initially for surgery back in November of 2016.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with history of brain lesion. Problems with gait. She is having "extreme difficulty walking." Legs give way. Has difficulty standing. No cerebellar abnormalities were found on mri brain.; It is not known if there has been any treatment or conservative therapy.; Patient with problems with gait. Having extreme difficulty walking. legs give way.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The initial onset was 1 year ago.; There has been treatment or conservative therapy.; Patient is having severe low back and left hip pain after a L5/S1 ALIF and L5/S1 TLIF. She continues to have severe low back pain as well as severe left hip pain when ambulating any distance. Unable to stand or sit for long periods of time. Increase burni; She has attempted physical therapy, injections, medications, rest, Ice, Heat, massage	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3+ months post anterior lumbar interbody fusion at L4-5 and L5-S1 with significant persisting lower back pain. Because she is having more than usual lower back pain at this point postoperatively, it would be prudent to get an MRI of the lumbar spine with ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Admitted to BMC on 1/11/17 for Headache,neck stiffness, back/abdominal pain, fever and incisional redness and Left sided flank pain following an appendectomy and exploratory laparotomy for SBO on 1/4/17. Was found to have Meningitis and an incisional abs; This study is being ordered for Inflammatory/ Infectious Disease.; Enter date 1/11/2017 of initial onset here - or Type In Unknown If No Info Given; There has been treatment or conservative therapy.;	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Cervical degenerative disc disease, cervical disc protrusion and radiculopathy. I don't think she is a surgical candidate quite yet. I'd like to give her the benefit of nonsurgical intervention. I'm going to have her get back in with Dr. Miedema to consid; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Known to us, We have been following forcervical disc disease. She has had CESI with minimal relief. Continues to have neck to right shoulder pain. Weakness in hand On exam today she has positive right tinels and phalens with decreased grip and opponens as; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CHIARI I MALFORMATION FOLLOW UP; This study is being ordered for Congenital Anomaly.; 7/28/16; There has not been any treatment or conservative therapy.; HAS CONTRACTION OF HE MUSCLES WITH BREATHING DIFFICULTY AT NIGHT, WEIGHT GAIN ISSUES	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CT and MRI of the lumbar spine are to evaluate for any structural source of his pain.; This study is being ordered for a neurological disorder.; 1/31/2016; There has been treatment or conservative therapy.; Strong and aching in quality back pain.; Patient has tried ESI and Physical Therapy with no improvement.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	EVALUATION FOR CONTINUED TREATMENT PLANS.; This study is being ordered for Congenital Anomaly.; 9/25/2012; There has been treatment or conservative therapy.; CHIARI MALFORMATION, RIGHT HIP DISLOCATION AND SUBSEQUENT LEG-LENGTH DISCREPANCY, SCOLIOSIS WHICH HAS BOTH A NEUROMUSCULAR AS WELL AS CONGENITAL COMPONENT, NEUROGENIC BLADDER AND BOWEL.; LIPOMENINGOCELE AT L5 AND S1 REPAIR 2013, TWO CHIARI DECOMPRESSIONS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	EVALUATION FOR TREATMENT OPTIONS.; This study is being ordered for Congenital Anomaly.; 03/25/2003; There has been treatment or conservative therapy.; HE CANNOT WALK, HAS LEG DEFORMITIES, CONCERN FOR SCOLIOSIS, HAS SOME INCREASED THORACIC KYPHOSIS AND INCREASED LUMBAR LORDOSIS; HAD MYELOMENINGOCELE SURGERY	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FOR FURTHER TREATMENT EVALUATION; This study is being ordered for Congenital Anomaly.; 06/03/2008; There has been treatment or conservative therapy.; SPINA BIFIDA, NEUROGENIC BOWEL AND BLADDER, VP SHUNT, HAS HAD INCREASED TONE IN HIS LOWER LIMBS & UPPER EXTREMITIES, DIFFICULTY REACHING OVERHEAD, NEW SPASTICITY OF UNDERTERMINED ETIOLOGY.; CLOSED MYELOMENINGOCELE, SHUNTED HYDROCEPHALUS WITH NONPROGRAMMABLE VENTRICULOPERITONEAL SHUNT, LAST REVISION 2009, CHIARI 2 DECOMPRESSION	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FURTHER EVALUTION FOR CAUSE OF PROGRESSIVELY WEAKNESS; This study is being ordered for a neurological disorder.; 1999; There has been treatment or conservative therapy.; PREGRESSIVELY GETTING WEAKER, MULTIPLE JOINT DEFORMITIES, DIFFICULTY KEEPING HER BALANCE STRAIGHT AND HER GAIT;; VP SHUNT He also complains of numbness and tingling in his legs bilaterally. He states the low back pain has been chronic for three years but the radiating pain began on 11/25/2016 after a motor vehicle accident and has progressively worsened.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	his 51 year old male presents with low back pain. This is the main complaint but he does have pain that radiates into his right medial and posterior leg on and off for the last 4 years. He complains of numbness, tingling and weakness in his right leg. He ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; his 51 year old male presents with low back pain. This is the main complaint but he does have pain that radiates into his right medial and posterior leg on and off for the last 4 years. He complains of numbness, tingling and weakness in his right leg. He ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	HIS CARE WAS TRANSFERRED FROM WISCONSIN TO ARKANSAS AND WE NEED SCANS TO ESTABLISH CARE FOLLOW UP; This study is being ordered for Congenital Anomaly.; 03/21/2010; There has been treatment or conservative therapy.; HAS A TETHERED SPINAL CORD, NEUROGENIC BLADDER AND BOWEL, HE HAS WEAKNESS IN HIS LEGS, HAS LEAKAGE BETWEEN CATHETERIZATIONS; LIPOMYELOMENINGOCELE REPAIR 2012 IN CHINA	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	History of intradural extramedullary spinal cord neoplasm. Back pain, right buttock/hip pain that radiates to right lower extremity and creates sharp stabbing pain in right posterior calf.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	HPI Comments: 53 y/o male suffered an L2 burst fx in 2015. Underwent posterior spinal fusion. Subsequently had rods removed and has progressively kyphosed since then. Was apparently infected aqt the time of hardware removal and underwent abx therapy. Sinc; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; Dizziness, tremors, weakness, numbness, back pain, fatigue;	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	INCREASING PAIN ISSUES WITH WEAKNESS IN BILATERAL LEGS.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; BILATERAL WEAKNESS IN LEGS WITH INCREASING PAIN; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	LARGE MASS FOUND ON PRIOR EXAMS. NEED DONE WITH AND WITHOUT CONTRAST FOR PRESURGICAL EVALUATION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Long history of back pain and headache. Unfortunately, was involved in an MVA several months ago and her back pain has worsened. MRI of the T-spine revealed a multi-focal spinal cord syrinx worse at the uppermost border of the images at C5/6. I don't have; This study is being ordered for a neurological disorder.; 11/01/2016; There has been treatment or conservative therapy.; Headache, posterior neck pain, middle back pain, low back pain; Pain medication, physical therapy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain with radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Ms. Andrews underwent a Bilateral L5/S1 Decompression. Last week she called and stated she was having some drainage from her incision. Dr. Schlesinger reviewed a picture sent by the patient and ordered labs which he also reviewed. He recommended if the pa; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Ms. Bryant complains of constant bilateral low back and upper hip pain. She describes the pain as a stabbing, electrical feeling that is a 10/10 on the pain scale. She also complains of some right leg pain but states that her back pain is worse. She denie; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MULTIPLE SYSTEM ATROPHY WITH PERDOMINATE PARKINSONISM; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	N/A; This study is being ordered for a neurological disorder.; 1/5/2009; There has been treatment or conservative therapy.; BACK AND TO MID LOW BACK PAIN, LOWER EXTREMITY NUMBNESS.; PHYSICAL THERAPY, ANTI INFLAMMATORY, NEURONTIN, AND MUSCLE RELAXERS.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Decreased left ankle reflex	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	NONE; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; This study is being ordered for a neurological disorder.; 10/16/2016; There has been treatment or conservative therapy.; Weakness in rt leg neck and shoulder pain S/P lumbar fusion; Rx medication PT x 6 weeks	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pain in the back and the neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 1 2016; There has been treatment or conservative therapy.; back pain / neck pain / etc; physical therapy anti inflamroty / home exercises	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient completed 6 weeks of outpatient physical therapy at White River Medical Center on the lumbar spine. Patient states that he is having more episodes of severe pain with sharp shocks. He is taking hydrocodone 3 to 4 times a day along with soma anywhe; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Mr. Priester is here today for 2 month return appointment following PT to Lumbar Spine.   He presents today with 3/10 pain in his lower back that he describes as a constant aching and throbbing pain that radiates down his BLE. He states his pain is wors; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has 1.5 years of left posterior leg N/T through his calf to his lateral toes. He also has pain in the same distribution but the pain was severe when this started and has improved. He has mild atrophy of his left calf. His MRI is 8 months old and I; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has 1.5 years of left posterior leg N/T through his calf to his lateral toes. He also has pain in the same distribution but the pain was severe when this started and has improved. He has mild atrophy of his left calf. His MRI is 8 months old and I; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is a 58 year old woman with a 3 month hisotry of left buttock and left lower extremtiy pain. The pain has been fairly intense and is relieved only partially with rest. The patient has been unable to perform her everyday activities because of the p; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT IS HAVING INCREASING LOW BACK PAIN WITH BILATERAL LEG PAIN.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT IS HAVING INCREASING LOW BACK PAIN WITH LEFT LEG PAIN AND WEAKNESS.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT IS HAVING LEFT LOWER EXTRIMITY WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient was just seen today for the first time, Pain has been off and on for 2 years.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt coming for follow up of neurofibromatosis; The study requested is a Lumbar Spine MRI.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The last Lumbar Spine MRI was performed within the past 10 months.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PT IS BEING REFERRED TO NEUROSURGEON FOR BACK PAIN. NEUROSURGEON IS REQUESTING AN MRI FOR REVIEW FOR POSSIBLE SURGERY.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt with known brain tumor, possible carcinomatosis. pt with cranial nerve palsy, we need to check spine for tumors/lesions.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist. REQUESTING MRI'S TO REVIEW TO TALK SURGERY.; This study is being ordered for a neurological disorder.; 12/2015; There has been treatment or conservative therapy.; He complains of neck pain that radiates to the bilateral shoulders, bilateral scapula right greater than left. He reports that he has pain that goes down both arms to the elbows right worse than left. He reports bilateral hand numbness involving the first; PATIENT HAS TRIED PHYSICAL THERAPY AND INJECTIONS WHICH HE STATES DID NOT HELP.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT HAS TRIED PHYSICAL THERAPY AND INJECTIONS WHICH HE STATES DID NOT HELP.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Rule out any neurological disorders/disc herniation's or fractures.; This study is being ordered for a neurological disorder.; Several years ago; There has been treatment or conservative therapy.; Neck pain with headaches radiates into the left shoulder/scapular area.  tailbone/low back pain- pain becomes worse and sharp before onset of headaches.; Physical therapy/Massage Therapy and Medicines	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient's x-rays were reviewed and the reports of his old MRI & CT. Patient does not have a recent MRI. He does have straightening of the normal lumbar lordosis and degenerative changes. His old MRI reports show degenerative disc disease and disc bulg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT IS HAVING NEW EHL WEAKNESS WITH RIGHT POSTERIOR LEG WEAKNESS TO HIS FOOT.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	5
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.; 1. Amlodipine-Atorvastatin 10-20 MG Oral Tablet 2. CLONAZEPAM 3. CLONIDINE HCL 4. Flexeril 10 MG TABS 5. Hydrocodone 6. NIACIN 7. OMEPRAZOLE 8. PAROXETINE HCL 9. ROPINIROLE HCL 10. SEROquel 300 MG Oral Tablet 11. Spiriva Respimat 2.5 MCG/ACT Inh	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	9
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	9
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	5
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	196
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	13
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	89
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This 34 year old male presents with low back and pain in his right hip. The lower back pain starts in the right lower back and affects the left side as well. He complains of numbness and tingling in his right posterior leg. He reports the pain began 14 ye; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. Treated with injections, continue to worsen; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness down thigh bilaterally; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	TREATMENT EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2015; There has not been any treatment or conservative therapy.; 2 NODULES IN EXTREMITIES, HEADACHES, FINE MOTOR WEAKNESS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; back pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Ms Coggins is a 28 year old that presents with back and neck pain. She has had surgery previously in her lower back in 2010 by Dr Tonymon. She did well after surgery and has been on pain medication off and on. She was involved in a MVA in July and was sid; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has right leg and foot that is numbness and tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; progressive leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness on left leg and numbness up to the toes.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for a neurological disorder.; 01/28/2016; There has been treatment or conservative therapy.; WORSENING NECK AND BACK PAIN; ORAL MEDICATIONS, PHYSICAL THERAPY, CERVICAL AND LUMBAR INJECTIONS, A NECK SURGERY	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/31/2017; There has not been any treatment or conservative therapy.; headaches, numbness	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 04/22/2016; There has been treatment or conservative therapy.; unknown; PT, home exercise, Medication	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Weakness and ataxic gait; This study is being ordered for a neurological disorder.; 01/15/2017; It is not known if there has been any treatment or conservative therapy.; Ataxic gait, weakness in right upper extremity and bilateral lower extremities	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	With the patient having new right EHL weakness, we really need to get him a lumbar MRI prior to initiating a conservative treatment plan.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient does have right EHL weakness on exam, Patient also has an absent right Achilles reflex. he has numbness in both of his calves, he has pain that radiates down bilateral legs posteriorly to his knee and occasionally down to his feet. He reports decrease; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72159 MRA, MRI ANGIOGRAPHY SPINAL CANAL & CONTENTS WITH / WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	We discussed at great length the options for treatment. Patient would like to proceed directly with surgery and is not interested in continuing conservative care. Because of the neural foraminal narrowing as well as the spinal canal and lateral recess na; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	2
Approval	72196 MRI PELVIS	MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	72196 MRI PELVIS	Abnormal bone marrow signal incompletely imaged in prior Lumbar spine MRI.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	5
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		Patient had a lumbar epidural steroid injection on 11/23/2016. Since this injection, which made the pain worse, he has been having right hip pain. He expresses pain with external rotation of the hip and had positive Patrick's sign on exam.; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	3
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST		This is a request for CT Angiography of the Abdomen and Pelvis.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; Patient with continued abdominal pain status post VP shunt placement.; Yes this is a request for a Diagnostic CT	1
Approval	74181 MRI ABDOMEN		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	76390 Mr spectroscopy		This is a request for MRS.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	none; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 1/16/17; There has not been any treatment or conservative therapy.; Pt has apraxia and left hand weakness/lost of grip	1
Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 1/16/17; There has not been any treatment or conservative therapy.; Pt has apraxia and left hand weakness/lost of grip	1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2
Disapproval	70544 Mr angiography head w/o dye	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.;	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	2
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	PAST ACDF SURGERY, MAKE SURE OF FUSION AND HARDWARE; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is 1 year out from cervical fusion. He is complaining of increasing neck pain. This is to evaluate his fusion.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	she underwent a ACDF C5-C6 and C6-C7 that was done on June 2, 2016. she returns with good improvement in bilateral upper extremity strength, lower extremity numbness and upper and lower extremity strength. Patient has significantly improved since sur; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	none given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-2016; There has been treatment or conservative therapy.; Back and bilateral leg pain, numbness in both feet, unbearable back pain; Surgery	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	3
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1

Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04-18-2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with history of hydrocephalus. No cerebral abnormalities causing weakness/numbness in legs, difficulty walking.; It is not known if there has been any treatment or conservative therapy.; Difficulty walking, lower extremity numbness/weakness	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical MRI showed mild degenerative changes with straightening of the cervical spine, with mild foraminal stenosis at multiple levels. There is hyperintense signal on sagittal T2 suspicious for possible spinal cord syrinx however this is not seen on the; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She has noted decreased range of motion in her neck. States it "locks up". Occasionally pain with radiate into her shoulders if she turns or sleeps wrong. She experiences pain into her 3rd, 4th and 5th digits on the left.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical Spine: Appearance: Normal. Tenderness: ROM: Full. Upper Extremity Motor Testing: Strength examination: wrist strength was normal bilaterally. forearm strength was normal bilaterally. elbow strength was normal bilaterally. shoulder strength was no; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right arm pain/paresthesia  Issues started about 3+ week(s) ago .  Reason for Visit: Here for f/u p right forearm MRI obtained.  40 year-old female who was seen originally on December 22, 2016 for lumbar and leg issues. Patient states that on February; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	FOR TREATMENT EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2/2015; There has not been any treatment or conservative therapy.; 2 NODULES IN HIS EXTREMITIES, HEADACHES, HISTORY OF FINE MOTOR WEAKNESS neck pain, into left shoulder; numbness all the way down right arm into fingers.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD PREVIOUS CERVICAL FUSION AT THE C5-C6 AND XRAYS SHOW SEVERE DEGENERATION AND OSTEOPHYTES. PATIENT HAS HAD INCREASING NECK PAIN FOR THE PAST 6 MONTHS WITH INCREASING ARM/SHOULDER PAIN.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT IS HAVING INCREASING BILATERAL ARM NUMBNESS AND WEAKNESS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o herniated disc; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has neck pain with left hand weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Symptoms have not improved and patient has not had recent imaging.; This study is being ordered for a neurological disorder.; 2010; It is not known if there has been any treatment or conservative therapy.; radiating neck pain with numbness and tingling; back pain that radiates to left buttock and left hip	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	3
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Neck pain radiating to his frontal scalp, left shoulder and interscapular region. He complains of intermittent numbness and tingling in his right arm. He complains of increased headaches. He also mentions low back pain but identifies his neck is more severe; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; TREATMENT EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2015; There has not been any treatment or conservative therapy.; 2 NODULES IN EXTREMITIES, HEADACHES, FINE MOTOR WEAKNESS	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He presents today with 7/10 pain in his neck that he describes as a constant aching and throbbing pain that radiates into his shoulders.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/8/16; There has been treatment or conservative therapy.; Pt is having neck and back pain, having numbness in arms, legs and fingers; PT twice and medications	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/15/16; There has been treatment or conservative therapy.; Pt has neck pain, back pain, tingling and numbness of the arms, numbness down the back.; PT and medications	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with history of hydrocephalus. No cerebral abnormalities causing weakness/numbness in legs, difficulty walking.; It is not known if there has been any treatment or conservative therapy.; Difficulty walking, lower extremity numbness/weakness	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	FOR TREATMENT EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2/2015; There has not been any treatment or conservative therapy.; 2 NODULES IN HIS EXTREMITIES, HEADACHES, HISTORY OF FINE MOTOR WEAKNESS	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	2

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for trauma or injury.; 04/22/2016; There has been treatment or conservative therapy.; back pain upper and lower, leg parathesia, weakness, and numbness in the lower extremities; tiso brace since injury, PT, oxycodone	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling , weakness; This study is being ordered for trauma or injury.; June 2016; There has been treatment or conservative therapy.; back pain, pain radiates down both sides; pt, medication, home exercise,	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is experiencing some difficulty with gait and multiple falls. She describes subjective weakness in her legs, however with testing the patient has good strength in all muscle groups. Her gait appears to be shuffling. She also had a positive Rom; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2016; There has been treatment or conservative therapy.; Gait Disturbance; Physical Therapy and at home exercises	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	TREATMENT EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2015; There has not been any treatment or conservative therapy.; 2 NODULES IN EXTREMITIES, HEADACHES, FINE MOTOR WEAKNESS	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/15/16; There has been treatment or conservative therapy.; Pt has neck pain, back pain, tingling and numbness of the arms, numbness down the back.; PT and medications	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04-18-2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; On exam, he again is noted to have restricted and painful left cervical rotation and left lateral flexion with a positive Spurling's. He is tender along the left paracervical area from C3 down to C7. The left trapezius is in a moderate spasm; Small, rec; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; It is not known if there has been any treatment or conservative therapy.; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with history of hydrocephalus. No cerebral abnormalities causing weakness/numbness in legs, difficulty walking.; It is not known if there has been any treatment or conservative therapy.; Difficulty walking, lower extremity numbness/weakness	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	FOR TREATMENT EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2/2015; There has not been any treatment or conservative therapy.; 2 NODULES IN HIS EXTREMITIES, HEADACHES, HISTORY OF FINE MOTOR WEAKNESS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He complains of numbness and tingling in his legs bilaterally. He complains of weakness in his legs bilaterally which has led to falls; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He has an open MRI of poor quality that shows and L4/5 broad based disk protrusion that may be causing central and lateral recess stenosis.If the LESIs fail we will obtain a new MRI in a closed magnet and obtain and EMG/NCV to help determine the source of; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	I think for the right hip pain that he should see an orthopedic surgeon of his PCP's choice for evaluation as he does have pain with movement of the hip itself. We will proceed with Lumbar facet injections-blocks at L3-4, 4-5 and 5-1 on the right. He i; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; This 34 year old male presents with low back and pain in his right hip. The lower back pain starts in the right lower back and affects the left side as well. He complains of numbness and tingling in his right posterior leg. He reports the pain began 14 ye	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NONE GIVEN; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-2016; There has been treatment or conservative therapy.; Back and bilateral leg pain, numbness in both feet, unbearable back pain; Surgery	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for trauma or injury.; 04/22/2016; There has been treatment or conservative therapy.; back pain upper and lower, leg parathesia, weakness, and numbness in the lower extremitits; tiso brace since injury, PT, oxycodone	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling , weakness; This study is being ordered for trauma or injury.; june 2016; There has been treatment or conservative therapy.; back pain, pain radiates down both sides; pt, medication, home exercise,	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient describes low back pain to her tailbone that radiates down the posterior aspect of the right lower extremity to the knee, occasionally reaches to the heel. Radiating pain is described as "pouring lava down a straw". Reports subjective weakness, oc; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient reports subjective weakness, occasionally leg gives out with numbness of the right lower extremity.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.</p> <p>Patient experiencing severe back pain, he had lumbar surgery last July and recovered well from this, pain started approximately 4 weeks ago.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>PATIENT IS HAVING INCREASING LOW BACK PAIN WITH PAIN IN BITLATERAL LEGS WITH WEAKNESS AND NUMBNESS.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT IS HAVING INCREASING PAIN AND WEAKNESS IN BILATERAL LEGS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p> <p>Patient with history of fibromyalgia sjogrens syndrome. Now with whole spinal pain. We will get MRI scan of cervical and lumbar spine have her return to clinic. We will also set her up for David spine evaluation her total spine; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>She complains of numbness and tingling in her hips bilaterally that radiates to her bilateral buttocks area. She states that symptoms slowly began about two years ago and have progressively worsened. She has underwent a series of LESIs which provided no r; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Symptoms have not improved and patient has not had recent imaging.; This study is being ordered for a neurological disorder.; 2010; It is not known if there has been any treatment or conservative therapy.; radiating neck pain with numbness and tingling; back pain that radiates to left buttock and left hip</p>	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	4
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This 33 year old female presents with low back pain radiating to her left buttock. She denies any numbness or tingling with this. She does complain of muscle spasms in her back. She states that these symptoms began around ten years ago after an MVA and AT; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This 53 year old male presents with low back pain radiating to his legs bilaterally through his feet on the posterior and anterior aspect. He states the left leg pain is worse than right. He complains of numbness and tingling in his hips and feet bilaterally; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; spinal stenosis; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/8/16; There has been treatment or conservative therapy.; Pt is having neck and back pain, having numbness in arms, legs and fingers; PT twice and medications	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically	bilateral hip pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically	eval hip pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Ms Boehler is a 59 year old that presents for follow up after EMG/NCV of LUE and BLE, lumbar MRI, arterial dopplers, shoulder MRI. She has been having to lean against the wall to get up and move around. She has a lot of difficulty standing at the sink and; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	shoulder pain; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient with right shoulder pain and cervical radiculopathy	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 11/3/2016; It is not known if there has been any treatment or conservative therapy.; pain in knees radiating down into legs	2
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;	1

Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The initial onset was 1 year ago.; There has been treatment or conservative therapy.; Patient is having severe low back and left hip pain after a L5/S1 ALIF and L5/S1 TLIF. She continues to have severe low back pain as well as severe left hip pain when ambulating any distance. Unable to stand or sit for long periods of time. Increase burni; She has attempted physical therapy, injections, medications, rest, Ice, Heat, massage	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PATIENT IS HAVING INCREASING ABDOMEN PAIN. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being	1
Disapproval Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY 70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 1
Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Abnormalities of the eye; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	2

Approval	70450 CT BRAIN, HEAD	1. *ha  The patient returns for his headaches. I have not seen him for a year and a half. He never did get the CT brain scan done that I had ordered previously (he has a pacemaker). He has tried propranolol as a preventative which has not been helpf; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	Convulsions, unspecified convulsion type; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
Approval	70450 CT BRAIN, HEAD	CT of Head is required by radiologist before scheduled Lumbar Puncture can be done; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Approval	70450 CT BRAIN, HEAD	f/u aneurysm; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	known aneurysm checking the size of aneurysm.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Approval	70450 CT BRAIN, HEAD	Patient has diffuse limb pain. Muscle and tension discomfort at rest and worse with ambulation. Lower extremity numbness. Patient has worsening gait instability with hyperreflexia, twitch, numbness, and pain. We are looking for a central process such as d; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Multiple Sclerosis; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1
Approval	70450 CT BRAIN, HEAD	R/O CVA,IMBALANCE,FALLS,PINS/NEEDLES SENSATION IN FEET,FEET BURNING,TREMORS,DIZZINESS,LOW BACK PAIN,VOICE CHANGED,ATAXIA; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1

Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	2
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	2
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	6
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	1
Approval	70450 CT BRAIN, HEAD	This patient has a history of strokes, and also seizure disorder. The patient has had an increase in seizure activity and symptoms, but was accompanied with his twitching to the left side of his face and left arm; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Patient had an MRI Brain, the impression was there may be mixed acute and chronic sinusitis changes in the ethmoid air cells left-sided sphenoid sinus and left maxillary antrum. Prominent changes in the left side of the sphenoid sinus are seen with fluid; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Pt with trigeminal neuralgia, facial pain. Pt has had a normal MRI Brain. Referred to specialist who needs CT of Face in order to treat pt.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.;	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	dizziness TIA 8/2016 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	12/1/2016; There has been treatment or conservative therapy.; NECK PAIN HEADACHE; MRI < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	12/20/2016; There has been treatment or conservative therapy.; ; PATIENT HAS HAD ORAL MEDICATIONS. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	unknown; There has been treatment or conservative therapy.;	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	headaches, vision issues; medications ; This study is being ordered for a neurological disorder.;; There has been treatment or conservative therapy.;;	3
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Her seizures started on 11/28/2016 and have kept happening; It is not known if there has been any treatment or conservative therapy.; Seizures are primary symptoms and they want stop	1

Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	An acute stroke shown on the Mri of the Brain down on 02/13/2017. We are trying to differentiate between MS, stroke, and vasculitis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/27/2016; There has been treatment or conservative therapy.; Fatigue, memory problems, confusion, MS, acute stroke shown on patient MRI brain; Refib, metoprolol, Zoloft, baclofen, ampyra, and b12	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Follow up study of carotid stenosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/16/2016; There has been treatment or conservative therapy.; Carotid stenosis; medications	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	History of stroke; This study is being ordered for Vascular Disease.; 01/01/2015; There has been treatment or conservative therapy.; Stroke, vertebral artery occlusion; Warfarin	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Known stroke 3/3/17; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/3/2017; There has been treatment or conservative therapy.; Known stroke. numbness weakness vision changes; Aspirin and Plavix	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	MRI brain indicative of mild periventricular ischemic disease; MD ordering TIA workup and evaluation for etiology of pre-syncope; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; TIA, episodic altered sensorium, shaking bilaterally; 6 months ago had an episode of acute left hemibody weakness, and slurred speech	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	na; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2015; There has not been any treatment or conservative therapy.; left arm weakness / left side face drop / upper weakness	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Patient is having the same spells of vision loss and slurred speech that she had in the past when she first had strokes.; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; In the past 2 weeks patient has been having spells of vision loss, slurred speech, headaches, patient also has significant history of CVAs in the past.; Patient has been taking Aggrenox	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	She had a severe head injury when she was 15 years old.; This study is being ordered for a neurological disorder.; 11/16/16; There has been treatment or conservative therapy.; Headache, cloudy vision, nausea, ringing in ears; Amitriptyline 25 mg. going to 75 mg. over three weeks + Maxalt sublingual for the migraines.	1

Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	To look at the perfusion of her arteries in a patient with meningioma and dizziness; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Unknown; This study is being ordered for a neurological disorder.; 02/23/2017; There has been treatment or conservative therapy.; Syncope and dizziness; EEG.	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; one year ago; There has not been any treatment or conservative therapy.; Pt has brief episodes of disarthlic speech, feeling out of it	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	18
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; dizziness TIA 8/2016	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/2016; There has been treatment or conservative therapy.; NECK PAIN HEADACHE; MRI	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/20/2016; There has been treatment or conservative therapy.; ; PATIENT HAS HAD ORAL MEDICATIONS.	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; headaches, vision issues; medications	1

Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	3
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Her seizures started on 11/28/2016 and have kept happening; It is not known if there has been any treatment or conservative therapy.; Seizures are primary symptoms and they want stop	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	An acute stroke shown on the Mri of the Brain down on 02/13/2017. We are trying to differentiate between MS, stroke, and vasculitis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/27/2016; There has been treatment or conservative therapy.; Fatigue, memory problems, confusion, MS, acute stroke shown on patient MRI brain; Refib, metoprolol, Zolof, baclofen, ampyra, and b12	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Follow up study of carotid stenosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/16/2016; There has been treatment or conservative therapy.; Carotid stenosis; medications	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	History of stroke; This study is being ordered for Vascular Disease.; 01/01/2015; There has been treatment or conservative therapy.; Stroke, vertebral artery occlusion; Warfarin	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Known stroke 3/3/17; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/3/2017; There has been treatment or conservative therapy.; Known stroke. numbness weakness vision changes; Aspirin and Plavix	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	MRI brain indicative of mild periventricular ischemic disease; MD ordering TIA workup and evaluation for etiology of pre-syncope; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; TIA, episodic altered sensorium, shaking bilaterally; 6 months ago had an episode of acute left hemibody weakness, and slurred speech	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	na; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2015; There has not been any treatment or conservative therapy.; left arm weakness / left side face drop / upper weakness	1

Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Patient is having the same spells of vision loss and slurred speech that she had in the past when she first had strokes.; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; In the past 2 weeks patient has been having spells of vision loss, slurred speech, headaches, patient also has significant history of CVAs in the past.; Patient has been taking Aggrenox	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	She had a severe head injury when she was 15 years old.; This study is being ordered for a neurological disorder.; 11/16/16; There has been treatment or conservative therapy.; Headache, cloudy vision, nausea, ringing in ears; Amitriptyline 25 mg. going to 75 mg. over three weeks + Maxalt sublingual for the migraines. To look at the perfusion of her arteries in a patient with meningioma and dizziness; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Unknown; This study is being ordered for a neurological disorder.; 02/23/2017; There has been treatment or conservative therapy.; Syncope and dizziness; EEG.	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; one year ago; There has not been any treatment or conservative therapy.; Pt has brief episodes of disarthlic speech, feeling out of it	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	5
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	2
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	She is having diplopia and left eye ptosis. She stated that her vision problems started in March. Also complained of occasional cramping and weakness in her legs along with shortness of breath. During my exam patient had difficulty looking up with her; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She is having diplopia and left eye ptosis. During my exam patient had difficulty looking up with her left eye and the ptosis is greater on the left eye than the right.; It is not known if there has been any treatment or conservative therapy.; Diplopia and left eye ptosis. During my exam patient had difficulty looking up with her left eye and the ptosis is greater on the left eye than the right	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI; There is not a history of orbit or face trauma or injury.	1

Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Think patient has optic neuritis. She has problems with blurred vision and seeing "floaters" in front of her right eye. She also has headaches.; This study is being ordered for a neurological disorder.; Symptoms start in 2008; There has been treatment or conservative therapy.; Patient explained that she has problems with blurred vision and seeing "floaters" in front of her right eye.; Patient is taking gabapentin 300mg TID, Folic acid, Vitamin b12, Celexa 40 mg daily, Tramadol 50mg PRN, and hydrocodone 10mg BID	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1
Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/26/17; There has been treatment or conservative therapy.; Memory Loss, vomiting, gait problems; MEDICATION	1
Approval	70544 Mr angiography head w/o dye	; This study is being ordered for a neurological disorder.; 3 months; There has been treatment or conservative therapy.; Multiple mild headaches daily, usually bilateral, present constantly but varies in intensity. No nausea, photophobia, phonophobia, not pulatile, just pressure.He gets more intense headaches that last 1-5 minutes, can hit in different areas, but usually f; Topiramate and Elavil helpful initially, but wore off.	1
Approval	70544 Mr angiography head w/o dye	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Interval history 1/11/17: taking 1000 mg of mag citrate once daily that she started in November and she actually went a month without a headache. Had headache yesterday and had visual field cut on the right for about 30 seconds. Then regular aura about 3 ; It is not known if there has been any treatment or conservative therapy.; Interval history 1/11/17: taking 1000 mg of mag citrate once daily that she started in November and she actually went a month without a headache. Had headache yesterday and had visual field cut on the right for about 30 seconds. Then regular aura about 3	1
Approval	70544 Mr angiography head w/o dye	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2016; There has been treatment or conservative therapy.; He describes the dizziness which is a spinning in any position. Doesn't seem to be movement based. It often last all day. He also reported that he was imbalanced and had to have help walking back and forth in his house. He started having headaches. T; patient has been treated with medications, and a cardiology work-up	1

Approval	70544 Mr angiography head w/o dye	Patient is a 20/F coming in for a 5 month history of headaches, found to have b/l pappiledema on ophtho exam, confirmed on my exam today. SHE is obese.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	previously had severe headache, neck popped, vomiting, ringing in ears.; This study is being ordered for a neurological disorder.; 14 days ago; There has been treatment or conservative therapy.; new onset severe headache, vision loss; medications	1
Approval	70544 Mr angiography head w/o dye	pt needs to be evaluated for stroke and active demyelination.; This study is being ordered for Inflammatory/ Infectious Disease.; we have been seeing pt since 09/2016 for MS. pt woke up this morning dizzy, feeling like the room was spinning, unsteady gait. pt needs evaluated for active demyelination and possible stroke.; There has been treatment or conservative therapy.; pt woke up with dizziness, unsteady gait, and feeling slowed with a foggy head.; pt is being treated with Copaxone in the past with worsening signs and symptoms. pt currently on Tecfidera.	1
Approval	70544 Mr angiography head w/o dye	Rule out mass or aneurysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/5/2017; There has not been any treatment or conservative therapy.; Headache, visual changes, visual disturbance, nausea, light sensitivity	1
Approval	70544 Mr angiography head w/o dye	ruling out CVA; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	4
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	2
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	10
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	12

Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Approval	70544 Mr angiography head w/o dye	this is a double study requested which means automatic review. will just fax notes.; This study is being ordered for Congenital Anomaly.; 2003; There has been treatment or conservative therapy.; History / Dx: Man with left temporal AVM discovered in 2003, presenting with a seizure, now status post coiling. Stable on follow-up at UAMS. Continues with occasional seizures every couple of years, either staring spells, nonsense speech, or rare GTC; History / Dx: Man with left temporal AVM discovered in 2003, presenting with a seizure, now status post coiling. Stable on follow-up at UAMS. Continues with occasional seizures every couple of years, either staring spells, nonsense speech, or rare GTC	1
Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."	1
Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1
Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1
Approval	70547 Mr angiography neck w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/26/17; There has been treatment or conservative therapy.; Memory Loss, vomiting, gait problems; MEDICATION	1

Approval	70547 Mr angiography neck w/o dye	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2016; There has been treatment or conservative therapy.; He describes the dizziness which is a spinning in any position. Doesn't seem to be movement based. It often last all day. He also reported that he was imbalanced and had to have help walking back and forth in his house. He started having headaches. T; patient has been treated with medications, and a cardiology work-up	1
Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Neck MR Angiography.	8
Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."	1
Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1
Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	12
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). < Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/10/2016; There has been treatment or conservative therapy.; NUMBNESS OF BOTH LOWER EXTREMITIES, DECREASED MOTOR SKILLS; MEDICATION	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/2016; There has not been any treatment or conservative therapy.; headaches, viral meningitis, burning sensation escalating pain. nausea w/o vomiting. dizziness and a hi pitched tinnitus	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/29/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; antibiotics	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/5/17; There has been treatment or conservative therapy.; chronic headache, tension, double vision, weakness, face tingling; medication	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; dizziness, falling a lot, balance problems; medications, uses walker and wheel chair, other studies completed	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/26/17; There has been treatment or conservative therapy.; numbness tingling in the face; work up ct head	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2011; There has been treatment or conservative therapy.; vertigo migraines neck and shoulder pain sensory loss syncopestaring spells cervical syrxn; Medications chiropractor	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3/1/2017; There has been treatment or conservative therapy.; Tingling, Numbness, weakness in the arms; Medications	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; March 6 ,2017; There has been treatment or conservative therapy.; Patient has acute onset cervical pain, BI lateral upper and lower extremity.; Patient has had medications	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; more the 20 years; There has been treatment or conservative therapy.; TROUBLE WITH BALANCE AND FALLING; MEDICATION	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Year; There has been treatment or conservative therapy.; numbness and tingling in the face blurry vision dizziness; Medications	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; Blurred Vision, lower extremity weakness, gait disturbance.; Copaxone,	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/26/17; There has been treatment or conservative therapy.; Memory Loss, vomiting, gait problems; MEDICATION	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2000; There has been treatment or conservative therapy.; Patient has known MS w relapses.; steroids	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 3 months; There has been treatment or conservative therapy.; Multiple mild headaches daily, usually bilateral, present constantly but varies in intensity. No nausea, photophobia, phonophobia, not pulatile, just pressure.He gets more intense headaches that last 1-5 minutes, can hit in different areas, but usually f; Topiramate and Elavil helpful initially, but wore off.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; February 2016; There has been treatment or conservative therapy.; Multiple Sclerosis, problems with balance and walking,chronic pain in LEFT shoulder and has a lot of irritability from this as well, decreased range of motion in LEFT shoulder due to this. Optic neuritis involving her RIGHT eye. She still has some residua; Patient admits that the Ampyra greatly improved her symptoms initially. Patient has also started her disease modifying therapy, Aubagio.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; nov 1,16; There has been treatment or conservative therapy.; sensory disorder;	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Interval history 1/11/17: taking 1000 mg of mag citrate once daily that she started in November and she actually went a month without a headache. Had headache yesterday and had visual field cut on the right for about 30 seconds. Then regular aura about 3 ; It is not known if there has been any treatment or conservative therapy.; Interval history 1/11/17: taking 1000 mg of mag citrate once daily that she started in November and she actually went a month without a headache. Had headache yesterday and had visual field cut on the right for about 30 seconds. Then regular aura about 3	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2016; There has been treatment or conservative therapy.; He describes the dizziness which is a spinning in any position. Doesn't seem to be movement based. It often last all day. He also reported that he was imbalanced and had to have help walking back and forth in his house. He started having headaches. T; patient has been treated with medications, and a cardiology work-up	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	06/01/2016; This study is being ordered for a neurological disorder.; 06/01/2016; It is not known if there has been any treatment or conservative therapy.; headaches   neck pain   in 6/16, was assaulted , hit in head and neck, no LOC  went to ER, Wynne AR  xray cervical spine: swollen   went to Dr. Mitchell, pcp  had cervical xray: had edema, abnormal muscle, 8/16   no PT   no prior neck pain or	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1. *ha  The patient presents with a history of headaches. She says that several months ago she started having some shooting pains emanating from the occipital region on the right anteriorly. She subsequently over the last 3-4 weeks has developed incr; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>1. *ha &#x0D; The patient presents with a history of headaches. She says that she has had headaches for over 10 years. She moved from Wisconsin to Arkansas in 2015. She previously qualified for Botox for chronic migraine which she was receiving in Wisconsin; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>1. *ha &#x0D; The patient presents with a history of recurring headaches. She says that she has had these for several years now. She denies any head trauma or any recent fevers or chills. She has tried a number of preventative medications including amitri; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>1. *ha &#x0D; The patient presents with a history of sharp shooting pains in the left temporal area. She says that she is had these off and on for at least a year. She denies any recent head injury but in the past has had an abusive husband who induce some; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>1. *ha &#x0D; The patient returns for her headaches. Despite being on nortriptyline her headaches have worsened. She says that the pain is more intense and throbbing. Her prior MRI brain order was declined by her insurance company for an unclear reason. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1. Dizziness  Onset was 5 years ago. It occurs occasionally. The patient describes it as (an) spinning. Associated symptoms include nausea and vomiting. Additional information: Lasts up to a week at a time, had neg MR IAC's other than vascular loops; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1. Head injury  Risk factors include alcohol use. Additional information: Mercy springfield records in EMR. Reviewed those notes. C/O frontal HA where there is a laceration. Has some cognitive. 2. Dizziness  Additional information: PT helped s; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 1. Migraine  Pertinent negatives include nausea, phonophobia and photophobia. Additional information: Ocular migraines, had 2 in January. More cognitive issues, no preventatives at this time. Had bad HA with last 2 spells. Lasted longer. On MG, Co; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	38y/o man with reports of persistent headaches, parasthesias, extremity pain, and numbness/tingling in lower abdomen and testicles. MRI L-spine was unremarkable. Demyelinating lesions, cervical radiculopathy or myelopathy are possible, though he has no ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5 month history of memory loss, multiple sensory complaints, lack of motivation and headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5 year history of daily migraine. Nausea, vomiting, dizziness, aura, phonophobia ,photophobia. Tried Topamax, fioricet, imitrex, Depakote . No prior imaging. Family history of migraines and brain cancer.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	6 MONTH FOLLOW UP,VERTEBRAL ARTERY DISSECTION,ISCHEMIC STROKE,BALANCE PROBLEMS,LEFT INFERIOR CEREBELLAR INFARCT CAUSED BY A LEFT VERTEBRAL ARTERY DISSECTION; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	BAD MIGRAINES; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. BROTHER DECEASED WITH BRAIN CANCER,SISTER WITH MIGRAINES, Pleasant 26-year-old female with long-standing history of migraines. She is about 37 weeks pregnant and is due around the third week in March. Sunday she felt as if she was coming down with co; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	checking for new lesions.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	chronic migraine headaches, daily basis, speech difficulties from her headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Clinical Information; History / Dx: Z82.49 Family history of aneurysm; History / Dx: Help visit she was talking inside a 10 can. He felt lightheaded. Positive dizziness. Hearing loss more in her right ear than the left.; When she was talking with ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Compare to previous studies for progression of MS; This study is being ordered for Inflammatory/ Infectious Disease.; 02-2015; There has been treatment or conservative therapy.; pain, generalized weakness, confirmed MS; Rebif, Copaxone, and pulse steroids.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	confusing state memory loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Demyelinating disease with both intracranial and spinal cord lesions. Repeat imaging in January showed reduced swelling of the spinal cord at the cervical thoracic junction. There was evidence of a new T11 lesion in the thoracic cord. NMO titer is pend; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pt. continues to have intense pain in right upper extremity which has been ongoing since his original exacerbation involving the cervical cord.; Pt. was given IV Solu-Medrol in hospital. He is currently on vitamin D, twice a day. He is currently on Dilantin and Keppra. Previously, took Neurontin, but was not able to tolerate.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Described having headaches 3-4 times a week and sometimes they can last for 3 days. She has nausea, photophobia, neck pain, and problems sleeping with her headaches. History of seizures, diabetes, and gastroparesis; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Description; Multiple sclerosis (G35).; This new tickling sensation in the lower abdomen could just be a dermatologic or even GI symptom, but with no visible rash or other GI symptoms, it is more likely a symptom of her MS. It could represent a new lower; This study is being ordered for a neurological disorder.; 04/09/2016; There has been treatment or conservative therapy.; PAINFUL TRUNK PARESTHESIAS,TICKLING SENSATION BELOW UMBILICUS,BILAT.; This new tickling sensation in the lower abdomen could just be a dermatologic or even GI symptom, but with no visible rash or other GI symptoms, it is more likely a symptom of her MS. ; Woman with MS diagnosed 1998 with left optic neuritis and abnormal MRI. I haven't been able to get CSF results, or any old records. Also follows with Dr. Archer in Little Rock. Didn't tolerate rebif. On Avonex and Ampyra for years.; On Effexor for dep	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	EEG was normal, seizures started at age of 25, no history of head trauma or seizures; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Elepilepsy.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type In Unknown If No Info Giv 1. Assessment Abnormal findings on diagnostic imaging of skull and head, not elsewhere classified (R93.0).  Provider Plan New symptoms, also behind on surveillance MR brain. will do and then see ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - or Type In Unknown If No Info Give....TRAMADOL,RIZATRIPTAN AND RELPAX	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	f/u from know stroke; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FACIAL NUMBNESS.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FAX; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Following up for possible MS, left optic neuritis and white matter changes on brain MRI; This study is being ordered for a neurological disorder.; 08/12/2016; There has been treatment or conservative therapy.; She left optic neuritis. she is still have trouble with your left eye. Vision loss is present; Unknown	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Having episodes for the last 2 years off and on, suspicious for partial seizures. Episodes of falling sensation, confused and disoriented.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	he patient is a 19-year-old woman who comes in with pain. She said in September she noticed pins and needles in her right arm which soon became throbbing pain. Then her left arm became involved. In December, she started having migraine headaches with p; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HEADACHE,DIZZINESS,IMBALANCE,BLURRING OF VISION,ABNORLAL MRI,LEFT ARM AND SHOULDER PAIN,R/O DISC HERNIATION,HTN,FACIAL PRESSURE.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headaches are lasting longer; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches are now only located on the right side of her head and they start in her eye; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headaches becoming more sever 3-4 x a week last two months. Pain in frontal as well as back of head and temples. Bouts of dizziness and eye drooping.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches have worsened. He has a daily HA now.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History / Dx Loss of consciousness  History Man with hx since childhood of episodes where he feels warm "misty" feeling in his trunk. If he can cool off quickly, or sit or lie down, then nothing may happen, but otherwise feels lightheaded, then passes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History / Dx: H93.A9 Pulsatile tinnitus  History / Dx: headaches. When I last saw him in September he was doing much better on topiramate. Was using it when necessary but we switched to nightly dosing on a regular basis and he can take the morning do; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History of Present Illness: 1. Headache  Onset: 1 month ago. It occurs constantly. Additional information: Pain in right ear, scalp and neck. May have had some drooping of face. Resolved. Dr. Diemel wondered about MS. Had ON 2x in 2004, saw neuro o; This study is being ordered for Inflammatory/ Infectious Disease.; one month ago; There has not been any treatment or conservative therapy.; History of Present Illness: 1. Headache  Onset: 1 month ago. It occurs constantly. Additional information: Pain in right ear, scalp and neck. May have had some drooping of face. Resolved. Dr. Diemel wondered about MS. Had ON 2x in 2004, saw neuro o	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>IMPRESSION: Pleasant 21-year-old gentleman with history of TBI in 2013 playing basketball. I reviewed his brain MRI images and there was significant signal change in his mesial frontal lobes bilaterally. Cervical MRI and lumbar MRI did not show any worry; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>increased neurological problems, memory, connecting thoughts, seizures, loses things; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.</p> <p>LEFT EAR PAIN AND HEADACHES, NUMBNESS AND TINGLING ON LEFT SIDE OF FACE. TINNITUS IN LEFT EAR, PHOTOPHOBIA, INTRACTED EARDRUM; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Looking to rule out MS and possible stenosis; This study is being ordered for a neurological disorder.; Dec 19 2016; There has been treatment or conservative therapy.; Right sided numbness, tingling and weakness. started in arm traveled to legs and back up to neck. patient complains of neck pain and stiffness as well as physical fatigue; Patient's PCP gave Meloxicam and home stretching exercise. patient states no improvement</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Man with HAs since kid. Constant HA for past 3y. Pain always R frontal, sometimes spreading to L. Constant pressure, 3-4/10. Gets more severe 8-10 HA, c pressure and burning feeling. + throbbing. +N constantly. + photophob + worse c exertion, and tr; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Memory loss, alterations of consciousness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Memory loss, Incontinence, abnormal gait; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	memory loss, rule out dementia or alzheimer's, strong family history; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MIGRAINE HEADACHES; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MIGRAINE WITH PHONOPHOBIA AND PHOTOPHOBIA NAUSEA AND VOMIMITING.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	migraines; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Mild cognitive impairment, traumatic brain injury.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Miss Megan McKnight presents to the Neurology Clinic today as a New Patient for Migraines. She reports the her Migraines started when she was 16. She tried multiple OTC meds but nothing seemed to help. At that time she would tell her parent but was not ta; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Mr. Allan R White is a 23 y.o. male with a strong family history of Huntington Disease, suspected to have the condition. ALS is also suspected, but he doesn't quite have the signs of severe peripheral neuropathy or upper motor neuron signs. There is a pa; This study is being ordered for a neurological disorder.; 08/08/2016; There has not been any treatment or conservative therapy.; Falling, hand pain/dropping items, balance problems, swallowing difficulty, speech problems and choking.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Mr. Glen Graham is now a 52 year-old right-handed male who has been referred to me for evaluation and management of seizure-like spells since 1981 . The average episode could last for a few minutes and he does lose his consciousness. He was taken to the E; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI stated f/u MRI in 1 month; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; It is not known if there are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Baggies is a 28y/o woman presenting for evaluation of severe headaches. Her headaches began around 2012. She has been having at least 1 migraine a week since then and a milder headache most days. Her migraines can last 1-3 days at a time. She descri; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Basinger is a 60y/o woman presenting for evaluation of right ptosis. She reports her symptoms began in December 2016. She awoke and noticed trouble getting the right eye to open. She saw her ophthalmologist first for her symptoms and was then sent to; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Coppock is a 21y/o woman presenting for evaluation of headaches. She suffered a bicycle accident in 2007 and has had problems with headaches ever since. She was unable to stop going down a hill and hit her head against an embankment. She suffered a ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Tabitha Mantia is now a 24 year old right handed Caucasian female who has been referred to me for evaluation and management of headaches that have bothered her since September 2016 and has been unrelenting ever since the onset. It would usually start; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Tracie K. Buerer is a 43y/o woman presenting for evaluation of back and leg pain. Her symptoms started about 2 years ago when she felt her back "locked up" while trying to lift her granddaughter. She went to the chiropractor for awhile with some imp; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	n/a; This study is being ordered for a neurological disorder.; 2/16/2016; There has been treatment or conservative therapy.; Abnormal vision, and low heart rates.; Medications	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	N/A; This study is being ordered for Vascular Disease.; 1/1/2017; There has been treatment or conservative therapy.; N/A; 4 WEEKS OF TX UNSPECIFIED.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Neurological deficits; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	New onset intractable daily headaches at base of skull; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	new onsett memory lost; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	no info given; This study is being ordered for a neurological disorder.; 01/04/2017; There has been treatment or conservative therapy.; Patient is having gate disturbance , migraine , and nausea; Medication	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Numbness and tingling; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing fatigue or malaise.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has been experiencing shaking of the head and arms. It has been getting worse over the last five or six months.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has HA along with seizure disorder, tourette's syndrome and major depressive disorder.; imaging has not been performed yet for any of these diagnoses.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has right hand and arm tremors.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient have seizures; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient her for headaches. Described her headaches occurring on the top of her head or on the right side behind her eye. Stated that she wakes up with headaches and that they wake her up during the night. Complained of photophobia, nausea, and ear pain; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is experiencing new intractable posterior headache with cough and sneeze also has neck pain with paresthesias in extremities.; This study is being ordered for a neurological disorder.; 12/20/2016; There has not been any treatment or conservative therapy.; Intractable posterior headache and extremity numbness also neck pain.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is having the same spells of vision loss and slurred speech that she had in the past when she first had strokes.; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; In the past 2 weeks patient has been having spells of vision loss, slurred speech, headaches, patient also has significant history of CVAs in the past.; Patient has been taking Aggrenox Patient reports onset of her headaches was in 2012 following a car accident. Patient reports that she subsequently had a daily headache for seven months following this accident. Patient reports that then for the next six months she rarely had a headache. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient reports the patient has been having difficulties with his ability to concentrate, find the correct words when speaking, remember things the patient used to know, and retain short term memories; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient stated she started having them on 12/15/2016. Explained that her most recent one was when she was driving she started feeling really bad and while she was walking into work she blacked out and started convulsing. Stated that she has history of s; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown. Patient stated this started 6-7 months ago. Stated that she has been blacking out at times. Family member in the room described that patient staring off in to space and being unresponsive. Also complained that she has moments of double vision; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Previous MRI of the brain accomplished in October for headaches demonstrated a 4mm benign-appearing unilocular cyst deep in the right temporal lobe. The study was done without contrast, and felt not significant with regard to her headache complex. Would; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	previously had severe headache, neck popped, vomiting, ringing in ears.; This study is being ordered for a neurological disorder.; 14 days ago; There has been treatment or conservative therapy.; new onset severe headache, vision loss; medications	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT HAVING FACIAL AND NECK PAIN FOR THE PAST 4 YEARS, NO INJURY, right bottom of his face to upper and lower rows of teeth. It gets worse at the end of the day. It gets worse with movement.whenever he most his head the sharp shooting pain to the face to s; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt is a 43/F coming in for a 5-6 year h/o tremor. On exam, she has a purely kinetic tremor on both hands, as well as a vertical tremor on the head, with vocal component. Exam consistent with essential tremor. She has neck fullness and possible thyromegaly; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt is having seizure like episodes for 7 years.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt needs to be evaluated for stroke and active demyelination.; This study is being ordered for Inflammatory/ Infectious Disease.; we have been seeing pt since 09/2016 for MS. pt woke up this morning dizzy, feeling like the room was spinning, unsteady gait. pt needs evaluated for active demyelination and possible stroke.; There has been treatment or conservative therapy.; pt woke up with dizziness, unsteady gait, and feeling slowed with a foggy head.; pt is being treated with Copaxone in the past with worsening signs and symptoms. pt currently on Tecfidera.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	r/o demyelinating disease; This study is being ordered for a neurological disorder.; 10/2016; There has been treatment or conservative therapy.; weakness of both arms and legs, pain in eyes, ringing in ears, muscle spasms, constant headaches, neck and back pain, dizziness, problems swallowing; medications	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/o MS; This study is being ordered for a neurological disorder.; 12/13/16; There has been treatment or conservative therapy.; Numbness of extremities Mild hyporelexia Neck pain; PT Advil Norco	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O:CVA,MS; This study is being ordered for a neurological disorder.; 12/11/2016; There has been treatment or conservative therapy.; weakness,pain on left side of body severe,variable jolts of neuropathatic pain all over,tremors left upper limb; treazolam,oxycodone-acetaminophen,gabapentin,nortiptline,oxycontin,jardiance,clon	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O:MS, SYRINX; This study is being ordered for a neurological disorder.; 02/15/2017; There has been treatment or conservative therapy.; ; gabapentin	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Repeat MRI brain to r/o regrowth of cyst (having symptoms including daytime sleepiness and memory changes that he had prior to his previous surgery); This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Rule out mass or aneurysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/5/2017; There has not been any treatment or conservative therapy.; Headache, visual changes, visual disturbance, nausea, light sensitivity	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RULE OUT POSSIBILITY ISCHEMIA OR VASCULAR PROBLEM; This study is being ordered for a neurological disorder.; NOVEMBER 2016; There has not been any treatment or conservative therapy.; LEFT SIDE FACIAL DROOPING WITH ARM AND LEG NUMBNESS	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	seizures free til last week now seizures with confusion and forgetfulness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown. She has had seizures since she was 12 and now they are getting a lot worse. We are wanting the MRI to see why they are getting worse.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She is a 27-year-old young woman, mother of 3 with a history of memory issues and paranoia. As previously noted, she has issues processing information, becomes agitated easily is distrustful of individuals. Symptoms began a couple of years ago. At that; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She is having diplopia and left eye ptosis. She stated that her vision problems started in March. Also complained of occasional cramping and weakness in her legs along with shortness of breath. During my exam patient had difficulty looking up with her; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She is having diplopia and left eye ptosis. During my exam patient had difficulty looking up with her left eye and the ptosis is greater on the left eye than the right.; It is not known if there has been any treatment or conservative therapy.; Diplopia and left eye ptosis. During my exam patient had difficulty looking up with her left eye and the ptosis is greater on the left eye than the right	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She is having very bad headaches which the pain feels like pressure in her neck and it is tight. Also she has facial numbness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>She's been started on gabapentin 300 3 times a day. She's been on that for 2 weeks with no help. She's also been on Xanax 0.5 mg 3 times a day for anxiety. Also has tried Flexeril at some point in the past and is on Wellbutrin. She never had any fever; This study is being ordered for a neurological disorder.; 1 month; There has been treatment or conservative therapy.; ripping pain in her triceps. She also has weakness in the left upper extremity. She's had "ping" of pain throughout her body. Describes pain in her thoracic spine area under the breast or in the left or right flank. She has numbness episodes which move; patient has had cervical spine fusion. It was thought that this was the root of her symptoms. She has also been on a medication.</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Short term memory loss. Patient stated she has had problems with her short term memory for a while but it has gotten worse recently. Stated she will sometimes zone out in the middle of a conversation with someone and stare off into space. Complained of; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>SINCE THIS IS A DOUBLE STUDY, IT WILL AUTOMATICALLY GO TO REVIEW. WE WILL JUST FAX NOTES.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SINCE THIS IS A DOUBLE STUDY, IT WILL AUTOMATICALLY GO TO REVIEW. WE WILL JUST FAX NOTES.; There has been treatment or conservative therapy.; SINCE THIS IS A DOUBLE STUDY, IT WILL AUTOMATICALLY GO TO REVIEW. WE WILL JUST FAX NOTES.; SINCE THIS IS A DOUBLE STUDY, IT WILL AUTOMATICALLY GO TO REVIEW. WE WILL JUST FAX NOTES.</p> <p>Stated headache hurts when she lays down and when she's standing up. Also complained of tinnitus and dizziness as well.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Tension headaches, memory difficulty, depression and dementia; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>The headaches began approximately 3 years ago and are characterized by a dull aching and throbbing and a pulsating pain that starts in the bitemporal area then radiates to the whole head The pain tends to be 8/10 in intensity and the episodes are occurring; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient clearly has symptoms consistent with a closed head injury. She has never had an MRI, according to her.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; It is not known if there are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient is a 54-year-old man who comes in with memory loss and periods of uncontrolled shaking.; The patient said that a couple of months ago his wife thought he was depressed. He was having great difficulty with short-term memory. He has COPD and emp; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient presents with a history of headaches which began in 2013 when he had a mountain bike accident. He said that he flipped over on his bike and hit his head in the right frontal area. He says he was somewhat dazed afterwards and then began havin; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). Think patient has optic neuritis. She has problems with blurred vision and seeing "floaters" in front of her right eye. She also has headaches.; This study is being ordered for a neurological disorder.; Symptoms start in 2008; There has been treatment or conservative therapy.; Patient explained that she has problems with blurred vision and seeing "floaters" in front of her right eye.; Patient is taking gabapentin 300mg TID, Folic acid, Vitamin b12, Celexa 40 mg daily, Tramadol 50mg PRN, and hydrocodone 10mg BID	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	this is a double study for ambetter and will automatically go to review. will just fax notes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; this is a double study for ambetter and will automatically go to review. will just fax notes.; There has been treatment or conservative therapy.; this is a double study for ambetter and will automatically go to review. will just fax notes.; this is a double study for ambetter and will automatically go to review. will just fax notes.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	this is a double study requested which means automatic review. will just fax notes.; This study is being ordered for Congenital Anomaly.; 2003; There has been treatment or conservative therapy.; History / Dx: Man with left temporal AVM discovered in 2003, presenting with a seizure, now status post coiling. Stable on follow-up at UAMS. Continues with occasional seizures every couple of years, either staring spells, nonsense speech, or rare GTC; History / Dx: Man with left temporal AVM discovered in 2003, presenting with a seizure, now status post coiling. Stable on follow-up at UAMS. Continues with occasional seizures every couple of years, either staring spells, nonsense speech, or rare GTC	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a follow-up MRI to compare to one done 12/15/16.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; It is not known if there are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	37
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	129
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a “thunderclap” or the worst headache of the patient’s life.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	65
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient’s life (within the last 3 months).	12
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	11
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	41

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	10
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	8
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	6
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	25
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	82
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	23
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	75
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; It is not known if there are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	38
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	27
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	5
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	6
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	11

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; The patient is taking Tysabri (Natalizumab).	9
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	9
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new patient to this office.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	22
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	To evaluate for intracranial abnormality.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Tremor dystonia syndrome upper right extremity,; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	tremors increased and worsening; internal tremors; anxiety and not feeling well; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 02/23/2017; There has been treatment or conservative therapy.; Syncope and dizziness; EEG.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; August 2016; There has been treatment or conservative therapy.; Blurred vision, short term memory loss, headache, neck pain, stiffness, lower extremity weakness; Medications	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; for about 6 years; There has been treatment or conservative therapy.; Pt has MS and symptoms are getting worse; medications	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; sensory loss chronic fatigue, tremor in right hand, instability, debilitating pelvic pain found in November	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	We want to rule out benign or malignant mass of the neck that may possibly be causing his discomfort. Malignant mass in the neck in the area of the lymph node may indicate metastasis which may contribute to the worsening of the headaches.; This study is being ordered for a neurological disorder.; November 2016; There has been treatment or conservative therapy.; Severe headaches aggravated by stress, light, and odors. Also, note a swelling to the Lt lateral cervical chain area which he expressed concern about. At times he reports difficulty swallowing.; OTC and Rx pain medications, activity modification, and therapy (physical).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	will just fax notes; This study is being ordered for trauma or injury.; 01/08/2015 FIRST OFFICE VISIT; There has been treatment or conservative therapy.; will just fax notes; will just fax notes	1

Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	3
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Myasthenia gravis evaluation; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	r/o sarcoidosis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71550 MRI CHEST	; This study is being ordered for a neurological disorder.; Right arm pain/numbness/weakness, C8 and T1 distributions over the past 2-3 weeks.; There has been treatment or conservative therapy.; Numbness/tingling/weakness at C8-T1; She tried a wrist splint which made it worse. Has been to physical therapy over the past week without relief, physical therapist mentioned concerns of thoracic outlet syndrome.	1
Approval	71550 MRI CHEST	None; This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; It is not known if there is radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.	1
Approval	71550 MRI CHEST	R/O ca; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1
Approval	71550 MRI CHEST	The patient presents with a history of having had an ATV accident while vacationing in Mexico in May 2016. Apparently she was air fax back to the US were was discovered that she had a number of broken ribs and a partially collapsed lung. She noticed aft; This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.	1
Approval	71550 MRI CHEST	This is a request for a chest MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient is a 76-year-old woman who comes in with pain. The patient is a very poor historian. I believe that her chief complaint is that she has pain in her left hand intermittently about four to five times a day. It is a shocking pain which starts in ; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	2

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; her reflexes wasn't good	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/2015; There has been treatment or conservative therapy.; Severe headache, nausea, low back pain neck pain, sonophobia, photophobia; otc medications , pain medications	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/18/2017; There has been treatment or conservative therapy.; mbr has sensory loss and tingling down back and restless legs; Shots	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/10/2016; There has been treatment or conservative therapy.; NUMBNESS OF BOTH LOWER EXTREMITIES, DECREASED MOTOR SKILLS; MEDICATION	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/2016; There has not been any treatment or conservative therapy.; headaches, viral meningitis, burning sensation escalating pain. nausea w/o vomiting. dizziness and a hi pitched tinnitus	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/29/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; antibiotics	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/5/17; There has been treatment or conservative therapy.; chronic headache, tension, double vision, weakness, face tingling; medication	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2007; There has been treatment or conservative therapy.; chronic pain; pain clinic meds didn't help	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2011; There has been treatment or conservative therapy.; vertigo migraines neck and shoulder pain sensory loss syncope staring spells cervical syrinx; Medications chiropractor	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3/1/2017; There has been treatment or conservative therapy.; Tingling, Numbness, weakness in the arms; Medications	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; March 6 ,2017; There has been treatment or conservative therapy.; Patient has acute onset cervical pain, BI lateral upper and lower extremity.; Patient has had medications	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; more the 20 years; There has been treatment or conservative therapy.; TROUBLE WITH BALANCE AND FALLING; MEDICATION	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; Blurred Vision, lower extremity weakness, gait disturbance.; Copaxone,	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; The patient does not have new signs or symptoms of bladder or bowel dysfunction.;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	There is not x-ray evidence of a recent cervical spine fracture.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2000; There has been treatment or conservative therapy.; Patient has known MS w relapses.; steroids	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; ; On topiramate 100mg BID, no help at all.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; February 2016; There has been treatment or conservative therapy.; Multiple Sclerosis, problems with balance and walking, chronic pain in LEFT shoulder and has a lot of irritability from this as well, decreased range of motion in LEFT shoulder due to this. Optic neuritis involving her RIGHT eye. She still has some residua; Patient admits that the Ampyra greatly improved her symptoms initially. Patient has also started her disease modifying therapy, Aubagio.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Patient has MS. She was DX 6 years ago. She is having weakness in her legs with an ataxic gait. Her MRI of the brain which noted "several well-defined large area of abnormal flare signal extending into the more superficial white matter particularly in th; There has been treatment or conservative therapy.; She is having weakness in her legs and ataxic gait. I expressed concerns that during her initial diagnosis she only had "3 lesions on her MRI." Not only has her lesion burden worsened, she is having a multitude of symptoms from her MS which is already af; She was on Gilyena and then Copaxone but felt she had more relapses on the medication. She states she was stable off the medication until a recent relapse on 02/03/2017, treated with IV steroids for one day.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Right arm pain/numbness/weakness, C8 and T1 distributions over the past 2-3 weeks.; There has been treatment or conservative therapy.; Numbness/tingling/weakness at C8-T1; She tried a wrist splint which made it worse. Has been to physical therapy over the past week without relief, physical therapist mentioned concerns of thoracic outlet syndrome.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 YEAR AGO; There has been treatment or conservative therapy.; ; PT	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; since this is ambetter, it will automatically go to review. will fax notes.; There has been treatment or conservative therapy.; pain; PT	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	06/01/2016; This study is being ordered for a neurological disorder.; 06/01/2016; It is not known if there has been any treatment or conservative therapy.; headaches   neck pain   in 6/16, was assaulted , hit in head and neck, no LOC  went to ER, Wynne AR  xray cervical spine: swollen   went to Dr. Mitchell, pcp  had cervical xray: had edema, abnormal muscle, 8/16   no PT   no prior neck pain or	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	20-year-old lady returns with headaches. Recent increase in headaches. She blames this on neck and shoulder pain. She has noticed neck pain with shooting pain down her left shoulder and arm. She describes the pain as sharp and tingling with numbness a; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	annual MS MRI for cervical.; This is a request for cervical spine MRI; It is not known if there is laboratory evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Back pain  The problem is worsening. It occurs persistently. Location of pain is middle back and lower back. There is no radiation of pain. The patient describes the pain as deep and sharp. Context: motor vehicle accident. Symptoms are aggravated by chang; This study is being ordered for trauma or injury.; 12/04/2016; There has been treatment or conservative therapy.; ENTIRE SPINE PAIN,MAX T SPINE AND NECK,LEFT SHOULDER BURNING PAIN,POSSIBLE COMPRESSION FX AT T9 SEEN ON XRAY,LIMITED ROM OF C SPINE AND T SPINE.TENDER T SPINE TO PALPATION,MUSCLE SPASMS,WAS IN MVA ON 12/04/2016 NO ER VISIT.WAS REARENDED ON I-49,HAD SOME T; TRINITY REHAB FOR THERAPY MEDS:TRAMADOL AND CYCLOBENZAPRINE,IBUPROFEN checking for bulging disk or spurs; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; right leg numbness, pain in thoracic area all the way up to neck, hurts when she stands up	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Compare to previous studies for progression of MS; This study is being ordered for Inflammatory/ Infectious Disease.; 02-2015; There has been treatment or conservative therapy.; pain, generalized weakness, confirmed MS; Rebif, Copaxone, and pulse steroids.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Consultation for left foot numbness &#x0D; This patient is a 51-year-old African American female that was sent to me for a neurological evaluation of left foot numbness. &#x0D; &#x0D; The patient's symptoms began in 2016. She experiences numbness and tingling in her left; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Demyelinating disease with both intracranial and spinal cord lesions. Repeat imaging in January showed reduced swelling of the spinal cord at the cervical thoracic junction. There was evidence of a new T11 lesion in the thoracic cord. NMO titer is pending; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pt. continues to have intense pain in right upper extremity which has been ongoing since his original exacerbation involving the cervical cord.; Pt. was given IV Solu-Medrol in hospital. He is currently on vitamin D, twice a day. He is currently on Dilantin and Keppra. Previously, took Neurontin, but was not able to tolerate.</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Description&#x0D; Multiple sclerosis (G35).&#x0D; This new tickling sensation in the lower abdomen could just be a dermatologic or even GI symptom, but with no visible rash or other GI symptoms, it is more likely a symptom of her MS. It could represent a new lower; This study is being ordered for a neurological disorder.; 04/09/2016; There has been treatment or conservative therapy.; PAINFUL TRUNK PARESTHESIAS,TICKLING SENSATION BELOW UMBILICUS,BILAT.&#x0D; This new tickling sensation in the lower abdomen could just be a dermatologic or even GI symptom, but with no visible rash or other GI symptoms, it is more likely a symptom of her MS. ; Woman with MS diagnosed 1998 with left optic neuritis and abnormal MRI. I haven't been able to get CSF results, or any old records. Also follows with Dr. Archer in Little Rock. Didn't tolerate rebif. On Avonex and Ampyra for years.&#x0D; On Effexor for dep</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Enter answer here - or Type In Unknown If No Info Giv 1.&#x0D; Assessment&#x0D; Abnormal findings on diagnostic imaging of skull and head, not elsewhere classified (R93.0).&#x0D; &#x0D; Provider Plan&#x0D; New symptoms, also behind on surveillance MR brain. will do and then see ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - or Type In Unknown If No Info Give....TRAMADOL,RIZATRIPTAN AND RELPAX</p>	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	History / Dx: R20.2 Paresthesia of upper limb  History / Dx: eferred for limb pain. Hands and arms go numb at random times. Both sides affected. Onset about 2-3 months ago. Shaking her hands can help. Holding her arms and hands in certain ways for; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	History of Present Illness: 1. Headache  Onset: 1 month ago. It occurs constantly. Additional information: Pain in right ear, scalp and neck. May have had some drooping of face. Resolved. Dr. Diemel wondered about MS. Had ON 2x in 2004, saw neuro o; This study is being ordered for Inflammatory/ Infectious Disease.; one month ago; There has not been any treatment or conservative therapy.; History of Present Illness: 1. Headache  Onset: 1 month ago. It occurs constantly. Additional information: Pain in right ear, scalp and neck. May have had some drooping of face. Resolved. Dr. Diemel wondered about MS. Had ON 2x in 2004, saw neuro o	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Hx multiple sclerosis. Pt having new symptoms in past 4 weeks. Pt c/o left sided weakness, numbness, headaches, neck pain. Pt last MRI was 2016.; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Coppock is a 21y/o woman presenting for evaluation of headaches. She suffered a bicycle accident in 2007 and has had problems with headaches ever since. She was unable to stop going down a hill and hit her head against an embankment. She suffered a depr	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; CONSTANTLY FALLING BEGAN 2 YEARS AGO NEED WHEELCHAIR WIDE BASE DATE DISTASTIC TO A CERTAIN EXTINT HAS LONG STANDING CEREBELLAR ATROHPY Looking to rule out MS and possible stenosis; This study is being ordered for a neurological disorder.; Dec 19 2016; There has been treatment or conservative therapy.; Right sided numbness, tingling and weakness. started in arm traveled to legs and back up to neck. patient complains of neck pain and stiffness as well as physical fatigue; Patient's PCP gave Meloxicam and home stretching exercise. patient states no improvement	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Mr. Allan R White is a 23 y.o. male with a strong family history of Huntington Disease, suspected to have the condition. ALS is also suspected, but he doesn't quite have the signs of severe peripheral neuropathy or upper motor neuron signs. There is a pa; This study is being ordered for a neurological disorder.; 08/08/2016; There has not been any treatment or conservative therapy.; Falling, hand pain/dropping items, balance problems, swallowing difficulty, speech problems and choking.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Mr. Bland is a 46y/o man presenting for evaluation of right arm pain. In May of 2015 he was working as a police officer and trying to restrain a suspect when she slammed into his left shoulder. He had a labrum and rotator cuff tear from this. He says he; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Mr. David Smith is now a 56 year-old ambidextrous African American male who has been referred to me for evaluation and management of severe pain and numbness in his feet/hands and arms. The pain in his arms and hands occurs bilaterally in shooting in nat; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Patient has developed reflex sympathetic dystrophy and chronic pain syndrome. His symptoms are affecting his fingers of both hands, but denies dropping things with hands or being awoken from his sleep. Patient has denied any numbness, tingling or muscle MS.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Multiple sclerosis (G35); we have discussed options, with her feeling so suddenly worse on her right arm and left leg we are going to check lab, lymph count. Her last one was good in October(1.9) at Dr.Covas' office. And, we will order new MRI's of her b; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	n/a; This study is being ordered for a neurological disorder.; 2/16/2016; There has been treatment or conservative therapy.; Abnormal vision, and low heart rates.; Medications	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	N/A; This study is being ordered for a neurological disorder.; n/a; There has been treatment or conservative therapy.; Sharp neck and back pain, numbness in left buttocks radiating down to left knee, have been present for several years, lack of feeling in penis, severe low back pain.; inseds.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	N/A; This study is being ordered for Vascular Disease.; 1/1/2017; There has been treatment or conservative therapy.; N/A; 4 WEEKS OF TX UNSPECIFIED.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	no info given; This study is being ordered for a neurological disorder.; 01/04/2017; There has been treatment or conservative therapy.; Patient is having gate disturbance , migraine , and nausea; Medication	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pain in his back, moving heavy objects and something popped in his back.; This study is being ordered for trauma or injury.; 2015; There has not been any treatment or conservative therapy.; clasp-knife spasticity	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has pain, burning, and numbness in her arms and hands. Stated " I cant do anything because my hands are so numb and burning." EMG on 07/08/2016 showed evidence of sensory neuropathy.; This is a request for cervical spine MRI; It is not known if there is laboratory evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; It is not known if there is laboratory or x-ray evidence of meningitis.; It is not known if there is laboratory or x-ray evidence of a paraspinal abscess.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is experiencing new intractable posterior headache with cough and sneeze also has neck pain with paresthesias in extremities.; This study is being ordered for a neurological disorder.; 12/20/2016; There has not been any treatment or conservative therapy.; Intractable posterior headache and extremity numbness also neck pain. Patient is having distal limb sensory changes with numbness, tingling, and diffuse weakness and fatigue, with diffuse pain and gait instability. Patient also has vertigo. Patient also has had an MRI of Brain that was normal.; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is having muscle atrophy and weakness. Patient stated his symptoms have been going on for about a year and a half. Stated that "my hands are so weak I cant hold a pen or write." Complained of numbness in his hands and neck pain. Described the n; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is having muscle atrophy and weakness. Patient stated his symptoms have been going on for about a year and a half. Stated that "my hands are so weak I cant hold a pen or write." Complained of numbness in his hands and neck pain. Described the nu; There has not been any treatment or conservative therapy.; Muscle atrophy and weakness and numbness and neck pain and hand weakness	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	possible Multiple sclerosis; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt is a 41/F with a 1.5 year history of paresthesias involving the L arm and leg, as well as the L scalp. Exam shows patchy sensory loss over b/l upper and lower ext. no spinal level. No APD on exam, no pappiledema noted. History is oncerning for possibl; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt with pain in the neck and lower back that is affecting her daily living, pt dropping items, pt unable to sleep, pt with difficulty concentrating, difficulty caring for herself;; This study is being ordered for a neurological disorder.; several years; There has been treatment or conservative therapy.; per neurologic exam: pt has weakness in biceps, triceps, shoulder abduction, decreased sensation in bilateral upper extremities; Physical therapy, message therapy, chiropractic care and multiple medications including gabapentin, Lyrica, NSAIDs, Cymbalta and trazodone.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	r/o demyelinating disease; This study is being ordered for a neurological disorder.; 10/2016; There has been treatment or conservative therapy.; weakness of both arms and legs, pain in eyes, ringing in ears, muscle spasms, constant headaches, neck and back pain, dizziness, problems swallowing; medications	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/o MS; This study is being ordered for a neurological disorder.; 12/13/16; There has been treatment or conservative therapy.; Numbness of extemities Mild hyporelexia Neck pain; PT Advil Norco	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/O:CVA,MS; This study is being ordered for a neurological disorder.; 12/11/2016; There has been treatment or conservative therapy.; weakness,pain on left side of body severe,variable jolts of neuropathatic pain all over,tremors left upper limb; treazolam,oxycodone-acetaminophen,gabapentin,nortiptline,oxycontin,jardiance,clon	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Radiculopathy, cervical region (M54.12). She is having more neck problems and more tingling of her hands and arms. She is losing her grip as well. She has known cervical spinal stenosis at C5/6 in 2012 so she definitely needs a repeat MRI of her C-sp; This study is being ordered for a neurological disorder.; Severity level is moderate-severe. The problem is worsening. It occurs persistently. Location of pain is lower back. There is no radiation of pain. The patient describes the pain as an ache and discomforting. Context: herniated disc 2011.; There has been treatment or conservative therapy.; Back pain; Severity level is moderate-severe. The problem is worsening. It occurs persistently. Location of pain is lower back. There is no radiation of pain. The patient describes the pain as an ache and discomforting. Context: herniated disc 2011. Sympt; Truetrack Test Strips; use with glucose monitor to test tid; 06/26/2012; ; N; glipizide 10 mg tablet; take 1 by po route 2 times every daily; 11/01/2012; ; N; metformin 500 mg Tab; take 2 Tablet (1000MG) by oral route 2 times every day with morning a</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Reportedly in the past, he has had events of generalized convulsion and unresponsiveness with whole-body stiffening formulated as epileptic in nature. There might also be associated head movement from side to side. Reportedly he has been "shocked" For car; This study is being ordered for a neurological disorder.; February 2017; There has not been any treatment or conservative therapy.; tremors all over the body with inability to move his legs</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>rule Out ALS; This study is being ordered for a neurological disorder.; 2016; There has not been any treatment or conservative therapy.; problem speaking</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>SEVERE NECK PAIN,HAND WEAKNESS,LOWER EXT WEAKNESS,MYALGIA,RULE OUT MYELOPATHY; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; HAND WEAKNESS,LOWER EXTREMITY WEAKNESS,SEVERE NECK PAIN LUMBAR PAIN; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>She's been started on gabapentin 300 3 times a day. She's been on that for 2 weeks with no help. She's also been on Xanax 0.5 mg 3 times a day for anxiety. Also has tried Flexeril at some point in the past and is on Wellbutrin. She never had any fev; This study is being ordered for a neurological disorder.; 1 month; There has been treatment or conservative therapy.; ripping pain in her triceps. She also has weakness in the left upper extremity. She's had "ping" of pain throughout her body. Describes pain in her thoracic spine area under the breast or in the left or right flank. She has numbness episodes which mov; patient has had cervical spine fusion. it was thought that this was the root of her symptoms. she has also been on a medication.</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>SINCE THIS IS A DOUBLE STUDY, IT WILL AUTOMATICALLY GO TO REVIEW. WE WILL JUST FAX NOTES.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SINCE THIS IS A DOUBLE STUDY, IT WILL AUTOMATICALLY GO TO REVIEW. WE WILL JUST FAX NOTES.; There has been treatment or conservative therapy.; SINCE THIS IS A DOUBLE STUDY, IT WILL AUTOMATICALLY GO TO REVIEW. WE WILL JUST FAX NOTES.; SINCE THIS IS A DOUBLE STUDY, IT WILL AUTOMATICALLY GO TO REVIEW. WE WILL JUST FAX NOTES.</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.</p>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.</p>	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	these are repeat images so that we can ensure the patient is recovering as according to normal standards.; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; sudden onset of LE weakness, loss of bladder control, tremor; patient was treated acutely in the hospital, physical therapy has been done as well as medication management.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	this is a double study for ambetter and will automatically go to review. will just fax notes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; this is a double study for ambetter and will automatically go to review. will just fax notes.; There has been treatment or conservative therapy.; this is a double study for ambetter and will automatically go to review. will just fax notes.; this is a double study for ambetter and will automatically go to review. will just fax notes.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	7
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	65

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; MULTIPLE SCLEROSIS, TOES NUMB, SHINS TINGLING, FATIGUE; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.; yes, there are documented clinical findings of Multiple sclerosis.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.; yes, there are documented clinical findings of Multiple sclerosis.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis.	30
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	38
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; 51y/o woman with left optic neuritis in isolation. Her MRI brain report shows a few scattered white matter lesions that are nonspecific for demyelinating disease. That would suggest her 5-10 year risk of progressing to MS is less than 30%. Will get MRI ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; migraine headaches Lordosis; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; N/A; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	4
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	5

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; weakness in both arms	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; 2. Numbness  Onset was 4 months ago. Additional information: Bad pain in neck and and back side of arm into hand. Thumb, 1st and 2nd fingers are numb. Hx CTS release 21 yrs ago. Much worse when lays down or looks up. This doesn't feel like the CTS s	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Has myelopathic signs- hyper reflexia and clonus. Also some incontinence. Will check MR C spine and have her see a Urologist.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; IMPRESSION: Very nice, appreciative 26-year-old female with severe intractable spinal pain involving the cervical thoracic and lumbar regions. Also with periodic muscle spasms. Positive history of scoliosis. Sensory exam shows some changes mainly in th	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NECK PAIN THAT RADIATES DOWN HER ARMS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; frequent falls; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; August 2016; There has been treatment or conservative therapy.; Blurred vision, short term memory loss, headache, neck pain, stiffness, lower extremity weakness; Medications	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; for about 6 years; There has been treatment or conservative therapy.; Pt has MS and symptoms are getting worse; medications	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; MS	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Patient has Multiple Sclerosis, having numbness in arms and legs.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/18/2017; There has been treatment or conservative therapy.; mbr has sensory loss and tingling down back and restless legs; Shots	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/2016; There has not been any treatment or conservative therapy.; headaches, viral meningitis, burning sensation escalating pain. nausea w/o vomiting. dizziness and a hi pitched tinnitus	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/29/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; antibiotics	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; dizziness, falling a lot, balance problems; medications, uses walker and wheel chair, other studies completed	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2007; There has been treatment or conservative therapy.; chronic pain; pain clinic meds didn't help	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Duration of Symptoms: Start: 11/12/2016   Physical Exam Findings: MYELOPATHY, INCONTINENCE, LEG PARESTHESIA NUMBNESS IN UPPER LIMBS; physical therapy,some episodes of traction	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	meds:pentoxifyline,omeprazole,hydrocodone,valium,wellbutrin,lyrica,promethazine,di azepam	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; ; On topiramate 100mg BID, no help at all.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; nov 1,16; There has been treatment or conservative therapy.; sensory disorder;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Patient has MS. She was DX 6 years ago. She is having weakness in her legs with an ataxic gait. Her MRI of the brain which noted "several well-defined large area of abnormal flare signal extending into the more superficial white matter particularly in th; There has been treatment or conservative therapy.; She is having weakness in her legs and ataxic gait. I expressed concerns that during her initial diagnosis she only had "3 lesions on her MRI." Not only has her lesion burden worsened, she is having a multitude of symptoms from her MS which is already af; She was on Gilyena and then Copaxone but felt she had more relapses on the medication. She states she was stable off the medication until a recent relapse on 02/03/2017, treated with IV steroids for one day.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Back pain  The problem is worsening. It occurs persistently. Location of pain is middle back and lower back.There is no radiation of pain. The patient describes the pain as deep and sharp. Context: motor vehicle accident. Symptoms are aggravated by chang; This study is being ordered for trauma or injury.; 12/04/2016; There has been treatment or conservative therapy.; ENTIRE SPINE PAIN,MAX T SPINE AND NECK,LEFT SHOULDER BURNING PAIN,POSSIBLE COMPRESSION FX AT T9 SEEN ON XRAY,LIMITED ROM OF C SPINE AND T SPINE.TENDER T SPINE TO PALPATION,MUSCLE SPASMS,WAS IN MVA ON 12/04/2016 NO ER VISIT.WAS REARENDED ON I-49,HAD SOME T; TRINITY REHAB FOR THERAPY MEDS:TRAMADOL AND CYCLOBENZAPRINE,IBUPROFEN	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	checking for bulging disk or spurs; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; right leg numbness, pain in thoracic area all the way up to neck, hurts when she stands up	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Compare to previous studies for progression of MS; This study is being ordered for Inflammatory/ Infectious Disease.; 02-2015; There has been treatment or conservative therapy.; pain, generalized weakness, confirmed MS; Rebif, Copaxone, and pulse steroids.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Demyelinating disease with both intracranial and spinal cord lesions. Repeat imaging in January showed reduced swelling of the spinal cord at the cervical thoracic junction. There was evidence of a new T11 lesion in the thoracic cord. NMO titer is pend; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pt. continues to have intense pain in right upper extremity which has been ongoing since his original exacerbation involving the cervical cord.; Pt. was given IV Solu-Medrol in hospital. He is currently on vitamin D, twice a day. He is currently on Dilantin and Keppra. Previously, took Neurontin, but was not able to tolerate.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	History / Dx: M54.9 Spinal pain  History / Dx: severe spinal pain. It's been going on for more than 10 years but has gotten worse especially over the past 1 year. The pain is extremely debilitating. It hurts to get out of bed. She really cannot do; This study is being ordered for a neurological disorder.; 11/30/2016; There has been treatment or conservative therapy.; WORSENING SEVERE SPINAL PAIN NOTED,SEVERE INTRACTABLE SCOLIOSIS,SENSORY DISTURBANCE LEGS,HISTORY OF DEPRESSION,DIZZINESS,UNSTEADINESS,POSITIVE JOINT PAIN,CERVICAL,THORACIC AND LUMBAR PAIN; Medications: // TYLENOL-CODEINE NO.3, 01/30/2017 GABAPENTIN, // XANAX, // SEROQUEL, // TYLENOL, 12/07/2014 KLONOPIN, 07/16/2014 IBUPROFEN, 07/03/2014 TRAMADOL HCL, 07/03/2014 PREDNISON  History / Dx: severe spinal pain. It's been going on f	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Mr. Allan R White is a 23 y.o. male with a strong family history of Huntington Disease, suspected to have the condition. ALS is also suspected, but he doesn't quite have the signs of severe peripheral neuropathy or upper motor neuron signs. There is a pa; This study is being ordered for a neurological disorder.; 08/08/2016; There has not been any treatment or conservative therapy.; Falling, hand pain/dropping items, balance problems, swallowing difficulty, speech problems and choking.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	pain in his back, moving heavy objects and something popped in his back.; This study is being ordered for trauma or injury.; 2015; There has not been any treatment or conservative therapy.; clasp-knife spasticity	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	possible multiple sclerosis; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt is a 41/F with a 1.5 year history of paresthesias involving the L arm and leg, as well as the L scalp. Exam shows patchy sensory loss over b/l upper and lower ext. no spinal level. No APD on exam, no pappiledema noted. History is ocncerning for possibl; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	r/o demyelinating disease; This study is being ordered for a neurological disorder.; 10/2016; There has been treatment or conservative therapy.; weakness of both arms and legs, pain in eyes, ringing in ears, muscle spasms, constant headaches, neck and back pain, dizziness, problems swallowing; medications	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	R/O:MS, SYRINX; This study is being ordered for a neurological disorder.; 02/15/2017; There has been treatment or conservative therapy.; ; gabapentin	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Reportedly in the past, he has had events of generalized convulsion and unresponsiveness with whole-body stiffening formulated as epileptic in nature. There might also be associated head movement from side to side. Reportedly he has been "shocked" For car; This study is being ordered for a neurological disorder.; February 2017; There has not been any treatment or conservative therapy.; tremors all over the body with inability to move his legs	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	rule Out ALS; This study is being ordered for a neurological disorder.; 2016; There has not been any treatment or conservative therapy.; problem speaking	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	SEVERE BACK PAIN,SEVERE NECK PAIN,RULE OUT MYELOPATHY,DROPPING THINGS,LOW EXTREMITY WEAKNESS,FIBROMYALGIA,MYALGIA,FAILED PHYSICAL THERAPY,HAND WEAKNESS; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; SEVERE BACK PAIN,SEVERE NECK PAIN,DROPPING THINGS,LOW EXT. WEAKNESS,RULE OUT MYELOPATHY,FIBROMYALGIA,HAND WEAKNESS,FAILED PHYSICAL THERAPY; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	She's been started on gabapentin 300 3 times a day. She's been on that for 2 weeks with no help. She's also been on Xanax 0.5 mg 3 times a day for anxiety. Also has tried Flexeril at some point in the past and is on Wellbutrin. She never had any fever; This study is being ordered for a neurological disorder.; 1 month; There has been treatment or conservative therapy.; ripping pain in her triceps. She also has weakness in the left upper extremity. She's had "ping" of pain throughout her body. Describes pain in her thoracic spine area under the breast or in the left or right flank. She has numbness episodes which mov; patient has had cervical spine fusion. it was thought that this was the root of her symptoms. she has also been on a medication.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient has had increasing pain which began around his navel and then spread around to his back bilaterally. It then spread down to his knees. He feels like he is sunburned. It hurts for anything to touch these areas at all. It hurts to have his pa; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	3

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; LUMBAR RADICULOPATHY,SOMEONE JUMPED ON PTS BACK AND HADSEN HISHERNIATED DISC,WORSENING SEVERE MID BACK,PAIN MANAGEMENT,PHYSICAL THERAPY IS MAKING HIS CONDITION WORSE	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	these are repeat images so that we can ensure the patient is recovering as according to normal standards.; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; sudden onset of LE weakness, loss of bladder control, tremor; patient was treated acutely in the hospital, physical therapy has been done as well as medication management.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; It is not known if there is evidence or tumor or metastasis on bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; Found mass on MRI without contrast	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Diminished sensation from right T4 through right T12; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; left hemiparesis,weak bilaterally,upper and lower,?give away,positive tremors left upper limb.left side of body severe pain,interferes with daily activities.variable jolts of neuropathic pain all over body,feels like getting Tased +squeezing thoraco-abdomi; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patient continues to have significant back pain and leg pain with weakness in his legs. He was seen by Dr Phillips who recommended patient continue physical therapy for conditioning and strengthening in his legs since he may have component of neuropathy ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; she can't stand up from a squat. Subjectively reduced light touch in the toes and along the thoracic spine.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	7
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	5
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	4
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; WEAKNESS OF LOWER EXTREMITY,ARM AND LEG WEAKNESS,ABNORMAL BRAIN MRI,VISUAL DISTURBANCE,HEADACHES,WHITE MATTER CHANGES,R/O MS,MYELOPATHY; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Worsening numbness in her chest, arms, legs, and extremities that also occurs in her abdomen and face. The patient continues to complain primarily of chest parenthesis. She also has intermittent pain in the upper back. Tingling, weakness, and numbness in; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess unknown.; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; MS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown.; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; previous MRI t spine from 9/13/2012 showed a disc bugle at t4-t5 need new mri for comparison; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; for about 6 years; There has been treatment or conservative therapy.; Pt has MS and symptoms are getting worse; medications	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/2016; There has not been any treatment or conservative therapy.; headaches, viral meningitis, burning sensation escalating pain. nausea w/o vomiting. dizziness and a hi pitched tinnitus	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/29/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; antibiotics	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; dizziness, falling a lot, balance problems; medications, uses walker and wheel chair, other studies completed	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2007; There has been treatment or conservative therapy.; chronic pain; pain clinic meds didn't help	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; both lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He has difficulty walking 100 feet due to exertional weakness. Lifting more than 10 pounds cannot be done repetitively due to exertional weakness. He ha urinary incontinence and dyspnea with exertion.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Duration of Symptoms: Start: 11/12/2016   Physical Exam Findings: MYELOPATHY, INCONTINENCE, LEG PARESTHESIA NUMBNESS IN UPPER LIMBS; physical therapy,some episodes of traction meds:pentoxifyline,omeprazole,hydrocodone,valium,wellbutrin,lyrica,promethazine,diazepam	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; ; On topiramate 100mg BID, no help at all.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 YEAR AGO; There has been treatment or conservative therapy.; ; PT	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; since this is ambetter, it will automatically go to review. will fax notes.; There has been treatment or conservative therapy.; pain; PT Chronic low back pain with positive straight leg raise on left and absent left ankle jerk. Has history of abnormal MR lumbar spine with several disc herniations.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Demyelinating disease with both intracranial and spinal cord lesions. Repeat imaging in January showed reduced swelling of the spinal cord at the cervical thoracic junction. There was evidence of a new T11 lesion in the thoracic cord. NMO titer is pend; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pt. continues to have intense pain in right upper extremity which has been ongoing since his original exacerbation involving the cervical cord.; Pt. was given IV Solu-Medrol in hospital. He is currently on vitamin D, twice a day. He is currently on Dilantin and Keppra. Previously, took Neurontin, but was not able to tolerate.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	History / Dx: M54.9 Spinal pain  History / Dx: severe spinal pain. It's been going on for more than 10 years but has gotten worse especially over the past 1 year. The pain is extremely debilitating. It hurts to get out of bed. She really cannot do; This study is being ordered for a neurological disorder.; 11/30/2016; There has been treatment or conservative therapy.; WORSENING SEVERE SPINAL PAIN NOTED,SEVERE INTRACTABLE SCOLIOSIS,SENSORY DISTURBANCE LEGS,HISTORY OF DEPRESSION,DIZZINESS,UNSTEADINESS,POSITIVE JOINT PAIN,CERVICAL,THORACIC AND LUMBAR PAIN; Medications: // TYLENOL-CODEINE NO.3, 01/30/2017 GABAPENTIN, // XANAX, // SEROQUEL, // TYLENOL, 12/07/2014 KLONOPIN, 07/16/2014 IBUPROFEN, 07/03/2014 TRAMADOL HCL, 07/03/2014 PREDNISONE  History / Dx: severe spinal pain. It's been going on f LUMBAR RADICULOPATHY,SOMEONE JUMPED ON HIS BACK AND PAIN WORSENERD,PT WENT TO PHYSICAL THERAY AND MAKING PAIN WORSE,PAIN INCREASED,PAIN RADIATES TO RIBS,AND ABD.PROMINENT DISC HERNIATION,LUMBAR MRI 2014 SHOWED POST SURGICAL CHANGES,SAW DR FOR PAIN MANAGEME; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	N/A; This study is being ordered for a neurological disorder.; n/a; There has been treatment or conservative therapy.; Sharp neck and back pain, numbness in left buttocks radiating down to left knee, have been present for several years, lack of feeling in penis, severe low back pain.; inseds.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt with pain in the neck and lower back that is affecting her daily living, pt dropping items, pt unable to sleep, pt with difficulty concentrating, difficulty caring for herself;; This study is being ordered for a neurological disorder.; several years; There has been treatment or conservative therapy.; per neurologic exam: pt has weakness in biceps, triceps, shoulder abduction, decreased sensation in bilateral upper extremities; Physical therapy, message therapy, chiropractic care and multiple medications including gabapentin, Lyrica, NSAIDs, Cymbalta and trazodone.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	R/O Radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	radicular pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; she has back pain with radiation into the right buttocks. Worse with movement. Walking with a limp now.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiculopathy, cervical region (M54.12). She is having more neck problems and more tingling of her hands and arms.  She is losing her grip as well. She has known cervical spinal stenosis at C5/6 in 2012 so she definitely needs a repeat MRI of her C-sp; This study is being ordered for a neurological disorder.; Severity level is moderate-severe. The problem is worsening. It occurs persistently. Location of pain is lower back. There is no radiation of pain. The patient describes the pain as an ache and discomforting. Context: herniated disc 2011.; There has been treatment or conservative therapy.; Back pain  Severity level is moderate-severe. The problem is worsening. It occurs persistently. Location of pain is lower back. There is no radiation of pain. The patient describes the pain as an ache and discomforting. Context: herniated disc 2011. Sympt; Truetrack Test Strips use with glucose monitor to test tid 06/26/2012   N glipizide 10 mg tablet take 1 by po route 2 times every daily 11/01/2012   N metformin 500 mg Tab take 2 Tablet (1000MG) by oral route 2 times every day with morning a	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Reportedly in the past, he has had events of generalized convulsion and unresponsiveness with whole-body stiffening formulated as epileptic in nature. There might also be associated head movement from side to side. Reportedly he has been "shocked" For car; This study is being ordered for a neurological disorder.; February 2017; There has not been any treatment or conservative therapy.; tremors all over the body with inability to move his legs	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	SEVERE LOW BACK PAIN,SEVERE NECK PAIN,DROPPING THINGS,WEAKNESS LOW EXTREMITY,R/O MYELOPATHY,OVER 6 WEEKS PHYSICAL THERAPY WHICH FAILED; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; SEVERE LOW BACK PAIN,SEVERE NECK PAIN,DROPPING THINGS,LOW EXTREMITY WEAKNESS,RULE OUT MYELOPATHY,FIBROMYALGIA,MYALGIA; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	7
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	8
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	26
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	39

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt had a TP injection and now has gait problems; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; EMG evaluation of the L2-S2 myotomes shows a chronic denervation pattern as can be seen in stenosis or DJD of the L/s spine.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient ankle and extension of toes , sensor distally of all four extremity.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; for about 6 years; There has been treatment or conservative therapy.; Pt has MS and symptoms are getting worse; medications	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	He has had an EMG and NCV done by Dr. Chesser on 09/07/19 which showed what is most likely a left sciatic nerve injury. The EMG suggested a possible radiculopathy as well, but an MRI of the lumbar spine done on 09/12/16 was negative for nerve root compres; This study is being ordered for a neurological disorder.; Since about 2015; There has been treatment or conservative therapy.; Burning sensation in the femoral artery distribution on the left as well as numbness in his who left leg from the knee down.; Gabapentin 8000 mg p.o. t.i.d.	1
Approval	72196 MRI PELVIS	PT HAS PAIN IN THIGH WITH NUMBNESS AND TINGLING BILATERAL ANTEROR THIGHS WITH WEAKNESS AND SOME CRAMPING; TO ASSESS FOR FEMORAL NERVE COMPRESSION OR ENHANCEMENT; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1

Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Unknown; This study is being ordered for trauma or injury.; Oct 2016; There has been treatment or conservative therapy.; Pain in neck and tremor in upper extremity; Medications	2
Approval	73700 CT LEG OR LOWER EXTREMITY	He has had an EMG and NCV done by Dr. Chesser on 09/07/19 which showed what is most likely a left sciatic nerve injury. The EMG suggested a possible radiculopathy as well, but an MRI of the lumbar spine done on 09/12/16 was negative for nerve root compre; This study is being ordered for a neurological disorder.; Since about 2015; There has been treatment or conservative therapy.; Burning sensation in the femoral artery distribution on the left as well as numbness in his who left leg from the knee down.; Gabapentin 8000 mg p.o. t.i.d.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; & Enter answer here - or Type In Unknown If No Info Given. &	1
Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This is a request for a MR Angiogram of the abdomen.	1
Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1

Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]		I have advised the family to get PET scan, TFTs, CBC, CMP, RPR, Serum B12/Folate Levels and Lipid Panel. We would review various treatment options available after the work up for the reversible causes of dementia are ruled out. She would come back t; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/26/17; There has been treatment or conservative therapy.; numbness tingling in the face; work up ct head	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Known aneurism of brain.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	2
Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Headache; This study is being ordered for a neurological disorder.; 1st seen for this on 9/23/2016; There has been treatment or conservative therapy.; Headaches;; Topamax no relief Propranol, no relief Elavil with 1 adjustment	1
Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Migraine with brainstem aura is most likely. The differential includes strokelike events (TIAs) and seizures. Concern about possible pituitary problems has been expressed; I think this is unlikely but worth investigating further. Nonpharmacologic the; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; January 2017; It is not known if there has been any treatment or conservative therapy.; In early January she developed a headache problem with several other neurologic symptoms. This has been evaluated with brain CT and MRI that were benign. Treatment with meclizine for vertigo is of some benefit and hydrocodone for headache is of some b	1

Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically	Yes, this is a request for CT Angiography of the brain.	9
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;	2
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Headache; This study is being ordered for a neurological disorder.; 1st seen for this on 9/23/2016; There has been treatment or conservative therapy.; Headaches;; Topamax no relief Propranol, no relief Elavil with 1 adjustment	1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Migraine with brainstem aura is most likely. The differential includes strokelike events (TIAs) and seizures. Concern about possible pituitary problems has been expressed; I think this is unlikely but worth investigating further. Nonpharmacologic the; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; January 2017; It is not known if there has been any treatment or conservative therapy.; In early January she developed a headache problem with several other neurologic symptoms. This has been evaluated with brain CT and MRI that were benign. Treatment with meclizine for vertigo is of some benefit and hydrocodone for headache is of some b	1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically	Yes, this is a request for CT Angiography of the Neck.	3
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Following up for possible MS, left optic neuritis and white matter changes on brain MRI; This study is being ordered for a neurological disorder.; 08/12/2016; There has been treatment or conservative therapy.; She left optic neuritis. she is still have trouble with your left eye. Vision loss is present; Unknown ms.; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Enter answer here headaches, vision loss/blurry vision left eye. numbness and tingling upper extremities- or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary		1

Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Patient has also been seen by Dr. Greer, a cardiologist. He felt the episodes the patient was experiencing were consistent with neural mediated syncope with some relationship to potential use of hydrochlorothiazide for hypertension. Patient was previous; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient was initially seen for these symptoms on November 22, 2016.; It is not known if there has been any treatment or conservative therapy.; Patient is a 52 year old gentleman with syncope. He has had bouts where he would get out of bed to walk to the bathroom and then find himself lying on the floor sweating profusely. At other times he will get up out of a chair and walk across the room and	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Patient Plan#x0D; The patient has been experiencing frequent headaches. His symptoms began approximately 1 1/2 years ago. The patient states that if he is looking at something close to his eyes he will develop a headache behind his eyes and in his bilateral t; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	RULE OUT POSSIBILITY ISCHEMIA OR VASCULAR PROBLEM; This study is being ordered for a neurological disorder.; NOVEMBER 2016; There has not been any treatment or conservative therapy.; LEFT SIDE FACIAL DROOPING WITH ARM AND LEG NUMBNESS	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2
Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	Enter answer here headaches, vision loss/blurry vision left eye. numbness and tingling upper extremities- or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1

Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	Patient has also been seen by Dr. Greer, a cardiologist. He felt the episodes the patient was experiencing were consistent with neural mediated syncope with some relationship to potential use of hydrochlorothiazide for hypertension. Patient was previous; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient was initially seen for these symptoms on November 22, 2016.; It is not known if there has been any treatment or conservative therapy.; Patient is a 52 year old gentleman with syncope. He has had bouts where he would get out of bed to walk to the bathroom and then find himself lying on the floor sweating profusely. At other times he will get up out of a chair and walk across the room and	1
Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has not had an abnormal ultrasound of the neck.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/8/2017; There has not been any treatment or conservative therapy.; Neck pain , shoulder pain , HA and back pain	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 YEARS; There has been treatment or conservative therapy.; headache stiffness numbness pain in hands down to arm; PT (2 MONTHS)	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; 29-year-old gentleman presents for evaluation of head trauma. He reports she's had at least 3 episodes of head trauma. Back in 2009 he was drinking and ask a friend of his to punch him in the face. This fractured his jaw. He ultimately had to have his; surgery and medication	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	1. *ha  The patient presents with a history of recurring headaches. She says she has had these for many years and describes them as being associated with photo and phonophobia but not much nausea. She has daily headaches. She denies any fevers or ch; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal MRI findings- we want to rule out MS.; This study is being ordered for a neurological disorder.; Mrs. Kelli Lawson is now a 41 year old right handed Caucasian female who has been referred to me for evaluation and management of headaches that have bothered her for 5 years. would usually start on both sides of her head above the ears and radiate to t; There has been treatment or conservative therapy.; Daily, severe migraines, blurred/changing vision, and abnormal MRI findings.; Starting 5 years age, the patient was started on migraine prophylactics and eventually had to use pain medications occassionally for severe headaches.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	At this point although her headaches are well controlled on Elavil one wonders how much anti-cholinergic influences having on her memory problems. She does not want to come off the medication has not helped the headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here headaches, vision loss/blurry vision left eye. numbness and tingling upper extremities- or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	history was provided by the patient's daughter who reports the patient has been having difficulties with her ability to concentrate, find the correct words when speaking, maintain an appropriate affect, remain attentive, and retain short term memories. Th; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	New onset memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PAIN TREMORS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has also been seen by Dr. Greer, a cardiologist. He felt the episodes the patient was experiencing were consistent with neural mediated syncope with some relationship to potential use of hydrochlorothiazide for hypertension. Patient was previous; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient was initially seen for these symptoms on November 22, 2016.; It is not known if there has been any treatment or conservative therapy.; Patient is a 52 year old gentleman with syncope. He has had bouts where he would get out of bed to walk to the bathroom and then find himself lying on the floor sweating profusely. At other times he will get up out of a chair and walk across the room and	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has 2 year Hx of memory loss; trying to r/o stroke; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has had vertigo for about 2 weeks. also has had a similar episode as a teen. He passed out at home and when his mother found him he was slow to speak hot and dizzy. the mother said he seemed to be moving slowly as well.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Stated she has headache that occur only on the right side and cause vision problems with her right eye. Described the pain as pulsating on her head. Also gets dizziness when headaches happen; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has been experiencing frequent headaches. His symptoms began approximately 1 1/2 years ago. The patient states that if he is looking at something close to his eyes he will develop a headache behind his eyes and in his bilateral temples. The pa; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has been experiencing frequent headaches. His symptoms began approximately 1 1/2 years ago. The patient states that if he is looking at something too close to his eyes he will develop a headache behind his eyes and in his bilateral temples. Th; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient Plan We discussed ptosis and Horner's syndrome, including a discussion of the length of the sympathetic pathways. He does not present with a history of neck or facial pain which would make carotid artery dissection less likely. He does not pres; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71550 MRI CHEST	Radiology Services	This is a request for a chest MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	We are requesting the CT of the soft tissue in the neck to rule out malignancy or infection.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	We want to rule out benign or malignant mass of the neck that may possibly be causing his discomfort. Malignant mass in the neck in the area of the lymph node may indicate metastasis which may contribute to the worsening of the headaches.; This study is being ordered for a neurological disorder.; November 2016; There has been treatment or conservative therapy.; Severe headaches aggravated by stress, light, and odors. Also, note a swelling to the Lt lateral cervical chain area which he expressed concern about. At times he reports difficulty swallowing.; OTC and Rx pain medications, activity modification, and therapy (physical). This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	" Ms. Gretta Gonzalez is now 50 year old right handed female with symptoms of tingling, numbness, burning and weakness in her upper extremity seem to have involved her neck as well. " The symptoms have gotten progressively worse in the last few months t; This study is being ordered for a neurological disorder.; Ms. Gretta Gonzalez is now 50 year-old right-handed female who has been evaluated by me for the management of severe pain over her neck and arms since 2014 following surgery to remove bilateral Wharton's tumors; There has been treatment or conservative therapy.; 1. Controlled substance agreement signed ; Start Doxycycline Hyclate capsule, hyclate 100 mg, 1 cap(s), orally, 2 times a day, 10 day(s), 20, Refills 2 . LAB: Drug Abuse Profile Routine, Urine - SV LR LAB; Clinical Notes: She is going to have Ner; hydrocodone, tramadol and soma	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/8/2017; There has not been any treatment or conservative therapy.; Neck pain , shoulder pain , HA and back pain	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3 YEARS FOR HEADACH, BACK 2001; There has been treatment or conservative therapy.; HEAD, NECK AND SHOULDER PAIN; OTC, SURGERY AND ROD PLACE,EMT	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/2015; There has been treatment or conservative therapy.; Back pain, burning , tinkling, numbness and pain. Neuropathy in arms and legs.; Medications	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Year; There has been treatment or conservative therapy.; numbness and tingling in the face blurry vision dizziness; Medications	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 YEARS; There has been treatment or conservative therapy.; headache stiffness numbness pain in hands down to arm; PT (2 MONTHS)	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; 29-year-old gentleman presents for evaluation of head trauma. He reports she's had at least 3 episodes of head trauma. Back in 2009 he was drinking and ask a friend of his to punch him in the face. This fractured his jaw. He ultimately had to have his; surgery and medication	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal MRI findings- we want to rule out MS.; This study is being ordered for a neurological disorder.; Mrs. Kelli Lawson is now a 41 year old right handed Caucasian female who has been referred to me for evaluation and management of headaches that have bothered her for 5 years. would usually start on both sides of her head above the ears and radiate to t; There has been treatment or conservative therapy.; Daily, severe migraines, blurred/changing vision, and abnormal MRI findings.; Starting 5 years age, the patient was started on migraine prophylactics and eventually had to use pain medications occassionally for severe headaches.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic pain, Headaches/Migraines, Numbness of hand, Spurling's maneuver on the right side is positive.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal: Musculoskeletal: muscle aches and weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Edit Ms. Jones comes in for headaches and neck pain. She is having neck pain which radiates to her Rt Shoulder. She reports having wore a Halo, but not sure what she is referring to because it wasn't screwed in she reports. Her EEG has been normal.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Edit Ms. Jones comes in for headaches and neck pain. She is having neck pain which radiates to her Rt Shoulder. She reports having wore a Halo, but not sure what she is referring to because it wasn't screwed in she reports. Her EEG has been normal.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here headaches, vision loss/blurry vision left eye. numbness and tingling upper extremities- or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He has radiating pains into both arms and pain/ numbness in the arms with certain positions.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Continues to have cervical symptoms. Popping and grinding with radiating pains down the right arm. If he holds either arm up to talk on the phone it goes to sleep. Feels like he is getting shocked by electricity. Numbness in the left hand, decreases sensa; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ordering MRI scan cervical spine for evaluation of cervicgia. Patient unresponsive to physical therapy. History of motor vehicle accident.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS WORSENING NECK PAIN AND RADIATING PAIN FROM PREVIOUS VISIT.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS TROUBLE GRIPPING OBJECTS AND NOTES TINGLING AND NUMBNESS TO ARMS AND SHOULDERS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having pain in neck, arm and shoulder; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is having pain in neck, arm and shoulder; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She also continues to have neck pain. She sometimes has pain that shoots down either one of her arms and legs. She also states she has some parenthesis symptoms. She has weakness in her arms and legs. She also has some muscle cramps and joint pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She has weakness in her arms and legs. Pain from her neck shoots down her arms and legs as well; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; tingling of her head goes down to neck and shoulder areas	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Pain is getting worse. MD is concerned for Cervical radiculopathy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	THERE IS ALSO REPORT OF OCCASIONAL NAUSEA IN ASSOCIATION WITH THE HEADACHES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/07/2017; There has been treatment or conservative therapy.; HEADACHES AND RADIATING NECK PAIN AND WORSENING NECK AND LOW BACK PAIN; RADIATION; TINGLING AND NUMBNESS ASSOCIATED WITH THE RADIATING PAIN; MEDICATION THERAPY WITHOUT RESULTS ADMINISTERED	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	3

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Abnormal reflex found on neurologic exam, frequent falls; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	3
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Neck pain with possible myoclonus. Concern of cervical myelopathy; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; medication, This is a request for cervical spine MRI; Trauma or recent injury; Patient has pain coming from her neck down her arms and was diagnosed with C1 inflammation by her chiropractor when the accident happened.; It is not known if the patient have new or changing neurological signs or symptoms.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He c/o numbness and tingling and pain in bil hands, worse in the index fingers, and in the feet as well. The problem started a few years ago. He heavily drank for 16-17 years with 15-30 beers a day, quit about 8-9 months.   He also has sharp neck pain o; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; sensory loss chronic fatigue, tremor in right hand, instability, debilitating pelvic pain found in November  Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for a neurological disorder.; 01/2015; There has been treatment or conservative therapy.; Severe headache, nausea, low back pain neck pain, sonophobia, photophobia; otc medications , pain medications	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for a neurological disorder.; Year; There has been treatment or conservative therapy.; numbness and tingling in the face blurry vision dizziness; Medications	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	1. Neckpain  Onset: on 12/13/2016. The frequency of pain is constant. The event(s) surrounding the occurrence of the symptom include motor vehicle accident. Motor vehicle accident details: The patient was the driver. The patient was wearing a seat ; This study is being ordered for trauma or injury.; Onset: on 12/13/2016; There has been treatment or conservative therapy.; MID TO LOWER BACK PAIN,HURTS TO BREATHE,ENTIRE SPINE HURTS,PAIN RADIATES INTO BOTH HANDS.ARMS FEEL WEAK,NUMB AND TINGLING.WAS IN ER SEVERAL TIMES. BURNING FEELING IN LEFT ARM.; IBUPROFEN,HYDROCODONE/ACETAMINOPHEN CHIROPRACTIC TREATMENT W/O BENEFIT	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History / Dx: M54.16 Lumbar radiculopathy  History / Dx: His case is complex. We've dealt with a number of issues in the past including seizures, complex spinal issues, PTSD, severe bouts of anxiety.  Problem #1 Worsening severe mid back pain. Radi; This study is being ordered for a neurological disorder.; 01/2014; There has been treatment or conservative therapy.; WPRSENING THORACIC AND LUMBAR BACK PAIN AS WELL AS HIP PAIN. THORACIC DISC HERNIATION,WORSENING DISC DISEASE COMPARE TO OLD SCAN LUMBAR RADICULOPATHY,R/O:DISC DISEASE,COMPARE TO OLD SCAN,COMPLEX SPINAL ISSUES. STOPPED PAIN MANAGEMENT TREATMENT; MELOXICAM,LORAZEPAM,PERCOCET	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Numbness and tingling and stiffness in both legs. Back pain and muscle cramps; This study is being ordered for a neurological disorder.; Patient stated this has been going on for the past 6-8 months; There has not been any treatment or conservative therapy.; Patient is having numbness, tingling, and stiffness in both legs. Patient stated this has been going on for the past 6-8 months. Stated that when she walks upstairs because it fell like her legs are heavy and she cant lift them up. Muscles cramps and b	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient seen in the office to day for numbness in arm and leg. She states that the tingling and numbness is about the same. She also complains of chronic fatigue, She continues to have neck pain and shooting pain down either one of her armd; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	4
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; sensory loss chronic fatigue, tremor in right hand, instability, debilitating pelvic pain found in November	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	" Ms. Gretta Gonzalez is now 50 year old right handed female with symptoms of tingling, numbness, burning and weakness in her upper extremity seem to have involved her neck as well.  " The symptoms have gotten progressively worse in the last few months t; This study is being ordered for a neurological disorder.; Ms. Gretta Gonzalez is now 50 year-old right-handed female who has been evaluated by me for the management of severe pain over her neck and arms since 2014 following surgery to remove bilateral Wharton's tumors; There has been treatment or conservative therapy.; 1. Controlled substance agreement signed  Start Doxycycline Hyclate capsule, hyclate 100 mg, 1 cap(s), orally, 2 times a day, 10 day(s), 20, Refills 2 .  LAB: Drug Abuse Profile Routine, Urine - SV LR LAB Clinical Notes: She is going to have Ner; hydrocodone, tramadol and soma  Enter answer here - or Type In Unknown If No Info Given.  The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; 2+ AND SYSTEMIC  Enter answer here - or Type In Unknown If No Info Given.  The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/2015; There has been treatment or conservative therapy.; Back pain, burning , tinkling, numbness and pain. Neuropathy in arms and legs.; Medications	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Mr. Corey Martin is now 45 year-old male who has been referred to me for evaluation and management of severe pain in the lower back that travels down to affect his feet since 2016. The symptoms of burning sensation have gradually gotten worse to the point; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	1. Neckpain  Onset: on 12/13/2016. The frequency of pain is constant. The event(s) surrounding the occurrence of the symptom include motor vehicle accident. Motor vehicle accident details: The patient was the driver. The patient was wearing a seat ; This study is being ordered for trauma or injury.; Onset: on 12/13/2016; There has been treatment or conservative therapy.; MID TO LOWER BACK PAIN,HURTS TO BREATHE,ENTIRE SPINE HURTS,PAIN RADIATES INTO BOTH HANDS.ARMS FEEL WEAK,NUMB AND TINGLING.WAS IN ER SEVERAL TIMES. BURNING FEELING IN LEFT ARM.; IBUPROFEN,HYDROCODONE/ACETAMINOPHEN CHIROPRACTIC TREATMENT W/O BENEFIT	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History / Dx: M54.16 Lumbar radiculopathy  History / Dx: His case is complex. We've dealt with a number of issues in the past including seizures, complex spinal issues, PTSD, severe bouts of anxiety.  Problem #1 Worsening severe mid back pain. Radi; This study is being ordered for a neurological disorder.; 01/2014; There has been treatment or conservative therapy.; WPRSENING THORACIC AND LUMBAR BACK PAIN AS WELL AS HIP PAIN. THORACIC DISC HERNIATION,WORSENING DISC DISEASE COMPARE TO OLD SCAN LUMBAR RADICULOPATHY,R/O:DISC DISEASE,COMPARE TO OLD SCAN,COMPLEX SPINAL ISSUES. STOPPED PAIN MANAGEMENT TREATMENT; MELOXICAM,LORAZEPAM,PERCOCET	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Numbness and tingling and stiffness in both legs. Back pain and muscle cramps; This study is being ordered for a neurological disorder.; Patient stated this has been going on for the past 6-8 months; There has not been any treatment or conservative therapy.; Patient is having numbness, tingling, and stiffness in both legs. Patient stated this has been going on for the past 6-8 months. Stated that when she walks upstairs because it fell like her legs are heavy and she cant lift them up. Muscles cramps and b	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PARATHESIA AND NUMBNESS IN FEET, LOW BACK PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient stated that his back pain shoots down his right leg and causes numbness and tingling. Explained that he has had chronic back problems but it got worse within the last 5-6 months. Stated that he cannot put a lot of weight on his right leg. Also ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient's memory seems to be getting worse for her. She also has intermittent episodes of "weak spells involving her lower extremities." She has some mild low back pain, and has a history of degenerative disease in the lumbar spine.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt under went surgery in the lumbar spine which did not seem to help improve the symptoms, this was over 2 years ago. Looking for right foot drop; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	SEVERE LOW BACK PAIN,DIZZINESS,IMBALANCE,BLURRING OF VISION,SEVER LOW BACK PAIN RADIATING DOWN LEFT LEG,ABNORMAL X-RAY,DISC DISEASE,LEFT ARM AND SHOULDER PAIN.ABNORMAL MRI,R/O DISC HERNIATION.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; SEVERE LOW BACK PAIN RADIATING DOWN LEFT LEG,ABNORMAL X-RAY,DISC DISEASE,ABNORMAL MRI,DIZZINESS,IMBALANCE,BLURRING OF VISION,LEFT ARM AND SHOULDER PAIN,R/O DISC HERNIATION.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has multiple sclerosis, has been having lower extremity pain, knee pain worse on the right. Patient has seen orthopedic - pt has bone fragment in the left knee, orthopedist does not believe this is the source of his pain in the lower extremity; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	4
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine THERE IS ALSO REPORT OF OCCASIONAL NAUSEA IN ASSOCIATION WITH THE HEADACHES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/07/2017; There has been treatment or conservative therapy.; HEADACHES AND RADIATING NECK PAIN AND WORSENING NECK AND LOW BACK PAIN; RADIATION; TINGLING AND NUMBNESS ASSOCIATED WITH THE RADIATING PAIN; MEDICATION THERAPY WITHOUT RESULTS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	will just fax notes; This study is being ordered for trauma or injury.; 01/08/2015 FIRST OFFICE VISIT; There has been treatment or conservative therapy.; will just fax notes;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	will just fax notes	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	tp injection and now cant walk; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; has severe painwhen moving shoulder. has been referred to ortho and they need a MRI prior to appointment	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; increasing shoulder pain	2

Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	He has had an EMG and NCV done by Dr. Chesser on 09/07/19 which showed what is most likely a left sciatic nerve injury. The EMG suggested a possible radiculopathy as well, but an MRI of the lumbar spine done on 09/12/16 was negative for nerve root compresion; This study is being ordered for a neurological disorder.; Since about 2015; There has been treatment or conservative therapy.; Burning sensation in the femoral artery distribution on the left as well as numbness in his who left leg from the knee down.; Gabapentin 8000 mg p.o. t.i.d.	1
Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	" Ms. Gretta Gonzalez is now 50 year old right handed female with symptoms of tingling, numbness, burning and weakness in her upper extremity seem to have involved her neck as well. " The symptoms have gotten progressively worse in the last few months t; This study is being ordered for a neurological disorder.; Ms. Gretta Gonzalez is now 50 year-old right-handed female who has been evaluated by me for the management of severe pain over her neck and arms since 2014 following surgery to remove bilateral Wharton's tumors; There has been treatment or conservative therapy.; 1. Controlled substance agreement signed ; Start Doxycycline Hyclate capsule, hyclate 100 mg, 1 cap(s), orally, 2 times a day, 10 day(s), 20, Refills 2 . ; LAB: Drug Abuse Profile Routine, Urine - SV LR LAB; Clinical Notes: She is going to have Ner; hydrocodone, tramadol and soma	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Pt is a 33/F 1 year h/o anterior thigh paresthesias, weakness and hip pain. Her exam is consistent with a femoral mononeuropathy. Looking for a pelvic mass that would cause symptoms.	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Unknown	1
Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	fax; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; There is another reason why an MRI is not being considered; fax	2
Approval	70450 CT BRAIN, HEAD			1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT N/A; This study is being ordered for trauma or injury.; 2/9/2017; There has been treatment or conservative therapy.; Extreme pressure in head, extreme pain, phono phobia, slurred speech at times.; ER	1
Approval	70544 Mr angiography head w/o dye		1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	amenorrhea; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	elevated prolactin, possible tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	N/A; This study is being ordered for trauma or injury.; 2/9/2017; There has been treatment or conservative therapy.; Extreme pressure in head, extreme pain, phono phobia, slurred speech at times.; ER	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT secondary amenorrhea; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	2

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	two separate lab results of prolactin that were elevated and MDO is wanting to look for a pituitary adenoma; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease, previous CT from 01/2017 showed possible lymphocyst and follow CT was recommended.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; chronic neck pain from injury years ago, is getting worse, on pain scale much worse.; Xrays in Aug.2016 showed marked ddd. Now is having numbness down left arm into hand. Also now has had weakness in left shoulder /arm, cannot raise arm up over 90 degree; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Herniated disks in neck. Prior history.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	<visit; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT ABCESS IN HER GLUETEAL. WAS OPENED AND WAS BROWN AND GREEN IN COLOR AND HAS AN ODOR AND DISCHARGE ALSO CAME FROM THE VAGINA. OPEN WOUND CLOSE TO THE RECTUM AREA.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	abscess that's spreading to make sure its not in her pelvis; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	IUD migration; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	patient complains of chronic abdominal pain. history of hysterectomy and right salphingo-oophoectomy. Patient is tender to palpation. Vaginal ultrasound - ovary adherent to vaginal cuff. Previous adhesiolysis; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	patient has persistent left lower quadrant pain for several months; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient is 44 years old and had a hysterectomy BSO approximately in 1996 or 1997. In 1998 she had surgery to remove the right ovary that grew back. Concerns are this is Ovarian remnant syndrome.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Pt has a pelvic mass that is around a previous surgical incision and needs to make sure it is not a herniation.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	Right lower quadrant pain and history of PID; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	3
Approval	72196 MRI PELVIS	pain; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	2
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	3
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	3
Approval	72196 MRI PELVIS	To evaluate for endometriosis; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	unknown; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Abscess.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; The hematuria is newly diagnosed.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease, previous CT from 01/2017 showed possible lymphocyst and follow CT was recommended.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	follow up. quad pain. diverticulitis disease; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pelvic pain in female (R10.2).; try and get copy of sono; get CT in light of suprpubic pain; Further diagnostic evaluations ordered today include(s) CT ABD & PEL W/WO CONTRAST to be performed.; Cystocele, midline (N81.11).; discussed TLH BSO cystocele rep; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt reports she has been bleeding everyday since Nov 3rd.Pt also reports sharp, constant, LLQ pain for 2.5mo. Pain is associated with decreased appetite and 20lb weight loss since her last visit in October. Physical exam at that time was felt to be c/w fib; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	4

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	6
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; UNKNOWN; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	6
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 63-yea-old patient status post hysterectomy presents with complaint of sudden onset of abdominal pressure, pelvic pain, and generalized abdominal pain. treated with antibiotics without any resolution of pain.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Evaluate for pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; examine shows patient may have possible mass or hematoma ultrasound doesn't show so CT is being requested; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Hx endometriosis, hysterectomy	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pain and lump at incision sight; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has pelvic pain that radiated FROM RIGHT LEG , sharp dull shooting pain, patient had a history of diverticulitis , ultrasound came out normal, ct is needed to evaluate	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has had postmenopausal spotting off and on since Jan 15, 2016. Last pap was 2007 - no pelvic exam since b/c of a "bad experience". 4/15/16 pelvic u/s: 12.5 x 7.4 x 6.1 cm ut, vol 299 mL, poor vis of stripe, fibroids, largest 5.9cm, non-vis ovaries. ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; to r/o malignancy	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; MDO wants to rule out a hernia	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; The Pt has possible mass below umbilicus, palpable.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	6

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Abnormal pap smear; hx of cancer; 6mos f/u; Yes this is a request for a Diagnostic CT This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; There is not a known tumor.; There is not a known abdominal infection.; patient has clinical endometriosis and has had blood in the stool during her menstrual cycle-could possibly need a colonoscopy	1
Approval	77058 MRI breast,without and/or with contrast		1

Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	4
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	abnormal mammogram; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1

Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Life time Risk=26.9% using the Tyrer Kusik Risk Model. Patient's mother was diagnosed with breast cancer at the age of 60.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PATIENTS MOTHER WAS DIAGNOSED WITH BREAST CANCER AT AGE 56 AND AGAIN AT AGE 57. DECEASED AT AGE 58. PATIENT HAS AN ESTIMATED LIFETIME RISK OF 21.8%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PT also had a breast cancer risk assessment.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PT HAD LESIONS IN BREAST ONLY IDENTIFIED ON BREAST MRI. MRI BIOPSY WAS PERFORMED AND PATHOLOGY WAS BENIGN. 6 MONTH FOLLOW UP MRI IS RECOMMENDED TO DOCUMENT STABILITY OF LESION.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	sis diagnosed at 49 and maternal aunt age of 60 for breast cancer, risk assessment 21.3%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	3
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	4

Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	3
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	3
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	tyrer-cuzick is 21.6% based on mother diagnosed age 65, maternal great aunt and maternal great-great grandmother. she also has family of her maternal grandmother having ovarian cancer.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pain and numbness for a year; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Elevated prolactin levels, evaluate pituitary gland; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	light headedness; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	hysterectomy with continuing pelvic pain; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Disapproval	73200 CT ARM OR UPPER	Radiology Services		1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ABDOMINAL PAIN FOR 8 MONTHS; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis. ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation;	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 4-5 WEEKS OF GENERALIZED ABDOMINAL PAIN,ACHING AND SHARP PAIN,UNCHANGED,FEELS SOMETHING FIRM IN EPIGASTRIC AREA-NEW FAMILY HISTORY OF "ADVANCED FEMALE CANCER" OF UNKNOWN ORGIN; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ABDOMINAL WALL HERNIA,LAP X 2 WEEKS,HYST BSO,ABD INCISION VERTICAL X 3 C SCOPE 11/16; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; having chronic pelvic pain for a couple months, colonoscopy was done and negative.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; n72- diagnosis code; Yes this is a request for a Diagnostic CT This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; R/O Kidney stones.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; f/u; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; pelvic pain This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; abdominal pain	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	1
Disapproval	74263 CT Colonography, screening	Radiology Services		1
Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1

Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	mother has had breast cancer twice, grandmother as well. calculated lifetime risk of 21.2%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	PATIENT IS COMPLAINING OF BREAST PAIN AND HAS HETEROGENEOUSLY DENSE BREAST TISSUE THAT LIMITS THE SENSITIVITY OF MAMMOGRAPHY.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Increased pain mid back down though to her buttock area. Need to see if the discs have chg'd or spinal cord damage. She has retro scoliosis w/convexity to the right.; Chiropractic care. 12/29/2016 x-rays of the thoracic spine & lumbar & showed chgs in the bone & the doc wants to ck the soft tissue.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Increased pain mid back down though to her buttock area. Need to see if the discs have chg'd or spinal cord damage. She has retro scoliosis w/convexity to the right.; Chiropractic care. 12/29/2016 x-rays of the thoracic spine & lumbar & showed chgs in the bone & the doc wants to ck the soft tissue.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Approval	70450 CT BRAIN, HEAD		; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		recurrent diseases foll9ow 2cycle of chemo; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Approval	71250 CT CHEST, THORAX		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX		; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	71250 CT CHEST, THORAX		progressive breast ca; decide what therapy to take place; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; It is not known if the ordering physician is a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX		This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	71250 CT CHEST, THORAX		This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	recurrent diseases foll9ow 2cycle of chemo; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	recurrent diseases foll9ow 2cycle of chemo; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	recurrent diseases foll9ow 2cycle of chemo; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72196 MRI PELVIS		1
Approval	72196 MRI PELVIS	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	progressive breast ca; decide what therapy to take place; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; It is not known if the ordering physician is a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74181 MRI ABDOMEN	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; patient is undergoing treatment and this is needed to see if the treatment is working	1
Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	2
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD		unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 1/11/2017; There has been treatment or conservative therapy.; red inflamed eye, vision problems; steroids	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	1

Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT	2
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"	2
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT	2
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 1/11/2017; There has been treatment or conservative therapy.; red inflamed eye, vision problems; steroids	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	. Bilateral boney masses midline, new frontal bone/nasal bone junction: obtain old imaging or re-image for further evaluation.  2. DM II: no diabetic retinopathy noted.  3. Order ct max/face/brain 4. Follow up to eval for surgical plan to biopsy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has not been any treatment or conservative therapy.; 32 y/o male with history of bilateral orbital mass who never got a CT scan that was ordered after his last visit in 2014. Pt c/o bumps around his eyes have gotten larger over the past 2 yr and he has a new bump between his eyes x 1 mo.Pt c/o occasional pa < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3/18/17; There has been treatment or conservative therapy.; severe ocular pain, visual field defect that is worsening, severe headaches, lost some of her vision.; Patient had a MRI in January. medications. no response	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 03/28/17; There has not been any treatment or conservative therapy.; Pressure behind left eye	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1

Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/13/2017; There has not been any treatment or conservative therapy.;	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/08/2016; There has been treatment or conservative therapy.; ; over counter medication	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Birth; There has not been any treatment or conservative therapy.; Unequal pupils	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; few months; There has been treatment or conservative therapy.; headache , swollen optic nerves; pain meds	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	2
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for trauma or injury.; 01/21/17; There has been treatment or conservative therapy.; Right eye pain, visual field defect; Exploration open globe, repair right upper eyelid laceration	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	EVALUATION; This study is being ordered for Congenital Anomaly.; MAY 2015; There has not been any treatment or conservative therapy.; MIGRAINE, DIFFERENCE BETWEEN EYES	1

Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	n/a; This study is being ordered for a neurological disorder.; 03/24/2017; There has not been any treatment or conservative therapy.; blurry vision in right eye, eye pain behind right eye, sharp pain, vision has gotten worse in past two weeks, high blood pressure, tingling in right hand.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Patient has bilateral optic atrophy and bi-temporal vfd; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has bilateral optic atrophy and bi-temporal vfd; It is not known if there has been any treatment or conservative therapy.; Patient has bilateral optic atrophy and bi-temporal vfd	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	3
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	this is to rule neoplasm, tumor or metasis; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Thyroid eye disease; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1

Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	traumatic 6th nerve palsy, significant RET, head turn to right, would benefit from superior/inferior transposition.; This study is being ordered for trauma or injury.; 02/14/2016; It is not known if there has been any treatment or conservative therapy.; Unable to see in left gaze, usually takes right face turn to avoid diplopia. Poor depth perception	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	unknown; This study is being ordered for Congenital Anomaly.; since birth; There has not been any treatment or conservative therapy.; abnormal pupil	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/13/2017; There has not been any treatment or conservative therapy.; double vision; ha;	1
Approval	70544 Mr angiography head w/o dye	Due to pt being in the ER last night and they did a CT of the head, with the dilated pupils, dr is worried about pt having a possible aneurysm; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3/18/17; There has been treatment or conservative therapy.; severe ocular pain, visual field defect that is worsening, severe headaches, lost some of her vision.; Patient had a MRI in January. medications. no response	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 03/28/17; There has not been any treatment or conservative therapy.; Pressure behind left eye	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/13/2017; There has not been any treatment or conservative therapy.;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/08/2016; There has been treatment or conservative therapy.; ; over counter medication	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Birth; There has not been any treatment or conservative therapy.; Unequal pupils	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; few months; There has been treatment or conservative therapy.; headache , swollen optic nerves; pain meds	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 01/21/17; There has been treatment or conservative therapy.; Right eye pain, visual field defect; Exploration open globe, repair right upper eyelid laceration	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type In Unknown If No Info Gi  This patient has bilateral papilledema. We need to rule out a mass or lesion.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Evaluate prior to Botox injection; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 2016; There has not been any treatment or conservative therapy.; Patient has esotropia with right more than left	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	EVALUATION; This study is being ordered for Congenital Anomaly.; MAY 2015; There has not been any treatment or conservative therapy.; MIGRAINE, DIFFERENCE BETWEEN EYES	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hx of thyroid cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Mild Papilledema OS greater than OD-suspect mild Pseudotumor Cerebri due to adapalene gel 0.1 % for acne treatment. Has gained 12 lbs in past 6 mos.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	n/a; This study is being ordered for a neurological disorder.; 03/24/2017; There has not been any treatment or conservative therapy.; blurry vision in right eye, eye pain behind right eye, sharp pain, vision has gotten worse in past two weeks, high blood pressure, tingling in right hand.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has bilateral optic atrophy and bi-temporal vfd; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has bilateral optic atrophy and bi-temporal vfd; It is not known if there has been any treatment or conservative therapy.; Patient has bilateral optic atrophy and bi-temporal vfd	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	r/o Chiasmal mass lesion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	recent onset of double vision also with large esotropia needs MRI to evaluate for changes/cause; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The Pt has headache, right eye pupil is dialated, sluggish. trouble comprehending. Pt had head trauma. Pt is sensitive to light; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor notes on exam that the patient has delirium or acute altered mental status.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is being considered or a non-metalic shunt is not functioning correctly.; The patient has a congenital abnormality.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for Congenital Anomaly.; since birth; There has not been any treatment or conservative therapy.; abnormal pupil	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/13/2017; There has not been any treatment or conservative therapy.; double vision; ha;	1
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71550 MRI CHEST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Birth; There has not been any treatment or conservative therapy.; Unequal pupils	1
Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; It is not known if the member has known or suspected coronary artery disease.	1

			. Bilateral boney masses midline, new frontal bone/nasal bone junction: obtain old imaging or re-image for further evaluation. ; 2. DM II: no diabetic retinopathy noted. ; 3. Order ct max/face/brain; 4. Follow up to eval for surgical plan to biopsy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has not been any treatment or conservative therapy.; 32 y/o male with history of bilateral orbital mass who never got a CT scan that was ordered after his last visit in 2014. Pt c/o bumps around his eyes have gotten larger over the past 2 yr and he has a new bump between his eyes x 1 mo.Pt c/o occasional pa	
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Evaluate prior to Botox injection; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 2016; There has not been any treatment or conservative therapy.; Patient has esotropia with right more than left	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	EVALUATION; This study is being ordered for Congenital Anomaly.; MAY 2015; There has not been any treatment or conservative therapy.; MIGRAINE, DIFFERENCE BETWEEN EYES	1
Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	traumatic 6th nerve palsy, significant RET, head turn to right, would benefit from superior/inferior transposition.; This study is being ordered for trauma or injury.; 02/14/2016; It is not known if there has been any treatment or conservative therapy.;	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unable to see in left gaze, usually takes right face turn to avoid diplopia. Poor depth perception	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Congenital Anomaly.; since birth; There has not been any treatment or conservative therapy.; abnormal pupil	1
Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	2

Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Biopsy proven Cancer diagnosis. Need study to establish if has metastasis. and also ordered for pre op for reconstructive surgery for mandible.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Biopsy proven Cancer diagnosis. Need study to establish if has metastasis. and also ordered for pre op for reconstructive surgery for mandible.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		1
Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 1 year ago, but spasms have increased in the last week; There has been treatment or conservative therapy.; Pain Numbness and Tingling Left Hand and occasionally the Right. She has locking of the Left hand Long and ring finger. We have tried bracing, but has continued to have hand spasms.; NSAIDS and rest, We have don NCV/EMG Testing	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	3

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	3
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	71550 MRI CHEST	Intrascapular pain with numbness and tingling; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1
Approval	71550 MRI CHEST	This study is being ordered for pre-operative evaluation.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This is a request for a chest MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	AP and lateral x-ray of the cervical spine ordered, obtained, and interpreted today reveals straightening of the normal cervical curvature. Prior ACDF, interbody graft C4-5 and C6-7 uninstrumented. Questionable complete incorporation of bony fusion. No; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	numbness and tingling in upper extremities; paresis in left upper extremity; radiating pain in left upper extremity progressively worsening; chronic neck pain; abnormal MRI scan. EMG results reveal chronic cervical radiculopathy bilaterally and chronic de; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient have been experiencing pain since January 2015, after lifting her dog. She began having neck pain. Pain radiates. Patient has a s positive Spurling's test.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	pre op; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	the pt has not responded to treatmetns thus far; This study is being ordered for a neurological disorder.; 01/01/2016; There has been treatment or conservative therapy.; pain that is traveling down the arms; medications, therapy, home programs	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	3
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1

Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Moderate central canal stenosis and foraminal stenosis at L3-4 on the MRI scan, which I have personally reviewed and interpreted; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Other idiopathic scoliosis, thoracolumbar region; There has not been any treatment or conservative therapy.; thoracic pain	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Pre-op, patient has surgery scheduled for Monday.; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Thoracic hyperreflexia with cord impingement. pre surgical evaluation with CT/Myelogram; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	Degenerative disc disease, C4-5, C5-6 and C6-7 with axial neck pain and bilateral shoulder and upper extremity pain and weakness. Post T9-iliac PSI F4 failed implants on 8/5/16. Post T9-L5 fusion with L2 PSO with bilateral L2 radiculopathy. CT of the lu; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/27/17; There has been treatment or conservative therapy.; Neck pain radiating to the bilateral shoulders, and bilateral upper extremities. Pain is severe with limited range of motion; Physical Therapy, traction, medication, steroid injections	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	Moderate central canal stenosis and foraminal stenosis at L3-4 on the MRI scan, which I have personally reviewed and interpreted; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Other idiopathic scoliosis, thoracolumbar region; There has not been any treatment or conservative therapy.; thoracic pain	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	7

Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	2
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	2
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	2
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	20
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; decreased, diminished	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/16/16; There has been treatment or conservative therapy.; neck, shoulder, back and bi-lateral leg pain; motrin , ibuprofen, aleve, and home exercise	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/28/2016; There has been treatment or conservative therapy.; PAIN; PHYSICAL , MEDCATION	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; pain and weakness in shoulder, neck pain at night , piercing pain, numbness in hands, shooting pains down the arms.; PT and medications	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	. X-ray Interpretation; AP and lateral x-ray of the cervical spine obtained 2/8/17 shows reversal of normal cervical lordosis centered at C5. There is degenerative changes, osteophytes at multiple levels.; Assessment; Cervical degenerative disc disease; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NEUROLOGIC: The patient has 5/5 strength in all upper extremity myotomes, except decreased 4/5 left biceps and deltoid. Sensation intact to light touch in upper extremity dermatomes. Negative Hoffmann's. Negative clonus. Reflexes 1-2+ equal symmetric; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; NSAID, Ultram and home stretching prescribed by PCP in 11/2016.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Zanaflex 4mg	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 1 year ago, but spasms have increased in the last week; There has been treatment or conservative therapy.; Pain Numbness and Tingling Left Hand and occasionally the Right. She has locking of the Left hand Long and ring finger. We have tried bracing, but has continued to have hand spasms.; NSAIDS and rest, We have don NCV/EMG Testing	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 1,2016; There has been treatment or conservative therapy.;;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	03-07-17 35-year-old male with neck and left shoulder pain. He believes this is related to his occupation as a mover. I saw him several weeks ago. We treated him with physical therapy and medication. He reports no significant improvement. Some of his the; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Cervical Spine: Bony Palpation: tenderness of Left mid facets, the C6 spinous process, and the C7 spinous process. Soft Tissue Palpation on the Left: tenderness to palpation of the paracervicals and palpation of the trapezius and no palpable trigger point; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CT of both Cervical and Thoracic spine done on 07-04-2016/ no relief from pain medications/ Pt has also had steroids; This study is being ordered for a neurological disorder.; 04/15/2016; There has been treatment or conservative therapy.; Pt has pain in neck radiating to bilaterl scapula and thoracic spine/ popping and grinding in neck and shoulders/ pain with tilting head backwards and slumping shoulders downward/ headache/ numbness left index and radial side of long finger / left thenar ; Pt had PT/anit- inflammatory medications/ pain medications	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Degenerative disc disease, C4-5, C5-6 and C6-7 with axial neck pain and bilateral shoulder and upper extremity pain and weakness. Post T9-iliac PSI F4 failed implants on 8/5/16. Post T9-L5 fusion with L2 PSO with bilateral L2 radiculopathy. CT of the lu; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/27/17; There has been treatment or conservative therapy.; Neck pain radiating to the bilateral shoulders, and bilateral upper extremities. Pain is severe with limited range of motion; Physical Therapy, traction, medication, steroid injections	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Evaluate newly diagnosed progression, preoperative; This study is being ordered for Congenital Anomaly.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; Not growing appropriately	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2016; There has not been any treatment or conservative therapy.; SCOLIOSIS THAT IS PROGRESSING, CHIARI MALFORMATION,	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Lumbar radiculopathy in the setting of degenerative lumbar scoliosis; This study is being ordered for trauma or injury.; 01/10/2017; It is not known if there has been any treatment or conservative therapy.; Lumbar scoliosis Lumbar spondylosis with radiculopathy	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	none given; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; No clinicals available	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has severe and persistent neck pain radiating into both upper extremities. bilateral hand numbness and tingling. Range of motion in fingers, wrists, elbows and shoulders are guarded and extremely painful. Gentle motion of her neck is very painful; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has very limited motion of the shoulder. Has history of cervical spine stenosis with past surgical intervention. Cannot tell if it is possibly all rotator cuff or all nerve impingement without MRI scans; This study is being ordered for a neurological disorder.; 8/11/2015; There has been treatment or conservative therapy.; severe pain in neck and shoulder. numbness in the arm, hands, fingers and weakness in the whole body; Physical therapy, medications and injections PRE-OPERATIVE FOR SCOLIOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; PROGRESSIVELY WORSEN SPINAL CURVATURE; BRACING	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	r/o stenosis, disc disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/1/2013; There has been treatment or conservative therapy.; pain and radiculopathy, numbness and tingling, unable to sit stand or walk; medication and physical therapy	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Right paramuscular tenderness of the cervical spine. Weakness with right upper extremity. Intermittent radiculopathy right upper extremity. Painful neck ROM. Trapezius tenderness to palpation.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right paramuscular tenderness of the cervical spine. Weakness with right upper extremity. Intermittent radiculopathy right upper extremity. Painful neck ROM. Trapezius tenderness to palpation.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Severe pain in the lower back, middle back and neck with radiculopathy to the hips, thighs, knees and shoulders. numbness in the right leg and night pain; This study is being ordered for a neurological disorder.; 1/1/15; There has been treatment or conservative therapy.; Severe pain in the lower back, middle back and neck with radiculopathy to thighs, hips, knees and shoulders. patient also has numbness in the right leg and night pain; Pt has failed physical therapy and steroid injections	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Severity of the problem is incapacitating. Patient has decreased mobility, decreased range of motion, hand clumsiness and spasms. Cervical films show severe stenosis of the foramen. she is losing function. she has C6 radicular pattern and is totally inc; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	She is having new neck pain and numbness in L hand SF. She underwent an ACDF C5-6 by Dr. Mccarthy in Jan 2016. She did well after surgery but now has this new neck pain and numbness for the last 2 months. She feels tingling in L hand SF when she turns her; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	some advanced osteoarthritic changes about C5-7. She's tender about the neck and clinical exam. She also has some radicular symptoms down the left upper extremity with numbness appreciated in the index and long finger. She's been symptomatic for a year. S; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; some advanced osteoarthritic changes about C5-7. She's tender about the neck and clinical exam. She also has some radicular symptoms down the left upper extremity with numbness appreciated in the index and long finger. She's been symptomatic for a year. S; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	8
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	the pt has not responded to treatmetns thus far; This study is being ordered for a neurological disorder.; 01/01/2016; There has been treatment or conservative therapy.; pain that is traveling down the arms; medications, therapy, home programs	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	13

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	67
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	47
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Patient having bilateral hand tingling for 2 years, had a nerve study conducted by a neurologist, noted radiculopathy and recommended MRI; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	12
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	29
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	5
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Neck pain	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; 03-24-17; 44-year-old male with neck pain and left arm pain. I saw him several weeks ago. He had severe neck pain and radicular left arm pain. He had minimal improvement with formal physical therapy and medication. He continues to have neck, shoulder, and	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Rule out disc herniation after whiplash injury from motor vehicle accident; It is not known if the patient have new or changing neurological signs or symptoms.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	thoracic and lumbar spine show larger degree of curve 64degrees thoracic, 47 degrees lumbar. Evaluate status of spinal canal, assess of facets and discs; This study is being ordered for a neurological disorder.; initial onset 2012; There has been treatment or conservative therapy.; heart palpitations, pain in lower back, between moderate and severe, wakes her from sleep, numbness and swelling across back.; Physical therapy, ibuprophen, meloxicam, prednisone and flexoril, rest, heat, ice	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Tingling of the lateral left arm. Neck pain in left trapezius and radiating down the left arm. Lower back pain bilaterally, midline, worsens with bending, and chronic duration. Cervical spine and lumbar spine exhibited midline tenderness on palpation. Ran; This study is being ordered for a neurological disorder.; 01/1982; It is not known if there has been any treatment or conservative therapy.; Tingling of the lateral left arm. Neck pain in left trapezius and radiating down the left arm. Lower back pain bilaterally, midline, worsens with bending, and chronic duration. Cervical spine and lumbar spine exhibited midline tenderness on palpation. Ran	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Tingling of the left arm. Neck pain in trapezius and radiating down the left arm. Moderate cervical paraspinal tenderness on palpation. Range of motion is limited throughout the cervical spine. Pain demonstrated with flexion, extension, and rotation. 2/5 ; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in left upper extremity. 2/5 strength in left grip.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness to the hands. Pt is dropping things; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.;	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; The pain is described as dull, achy pain that is constant and 6 out of 10 in severity. ; The pain is worse with overhead activity and reaching behind and better with wearing a sling. No injections up to this point. He has previously taken prednisone with ; Seen a Chiropractor and NSAIDs	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; This study is being ordered for trauma or injury.; 12/15/2016; There has been treatment or conservative therapy.; BLADDAR INCONSTINENCE, WEAKNESS TO ARMS AND LEGS, UNSTEADY ON HER FEET AND CLUMSY WITH THE USE OF HER HANDS.; PHYSICAL THERAPY	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	X-rays: X-rays of the cervical spine are made. Major spondylosis changes with nearly total loss of disc space is noted at C5-6 and C6-7. The Opelika views show foraminal encroachment. Impression: Cervical spondylosis probable stenosis changes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mr. Vinson is seen today for a new problem and subsequent followup. Told this individual seen today for follow-up and interpretation of lumbar spine films. This individual has made her grade 4 spondylolisthesis L5 on S1. I gone over this with him. Fur; There has been treatment or conservative therapy.; Pain and weakness; Patient had therapy and anti inflammatory.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; caller not sure; There has not been any treatment or conservative therapy.; scoliosis	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 12/2016; There has been treatment or conservative therapy.; persistant pain in the upper, middle and lower back with radiculopathy to bilateral legs. symptoms include numbness in legs and hands weakness in the legs and back; nonsteriodal anti-inflammatory medication, life style modifications, Spinal therapy	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Needs MRI to make sure she has no Spondylolithes she does cheer and pom. She has back pain and has had activity modification and medication Ibuprofen for 2 months; There has been treatment or conservative therapy.; Back pain worsens with activity; Ibuprofen 2 months, activity modification	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	CT of both Cervical and Thoracic spine done on 07-04-2016/ no relief from pain medications/ Pt has also had steroids; This study is being ordered for a neurological disorder.; 04/15/2016; There has been treatment or conservative therapy.; Pt has pain in neck radiating to bilaterl scapula and thoracic spine/ popping and grinding in neck and shoulders/ pain with tilting head backwards and slumping shoulders downward/ headache/ numbness left index and radial side of long finger / left thenar ; Pt had PT/anit- inflammatory medications/ pain medications	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Evaluate newly diagnosed progression, preoperative; This study is being ordered for Congenital Anomaly.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; Not growing appropriately	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2016; There has not been any treatment or conservative therapy.; SCOLOSIS THAT IS PROGRESSING, CHIARI MALFORMATION,	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Anterior wedging at T11	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Lumbar radiculopathy in the setting of degenerative lumbar scoliosis; This study is being ordered for trauma or injury.; 01/10/2017; It is not known if there has been any treatment or conservative therapy.; Lumbar scoliosis Lumbar spondylosis with radiculopathy	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	PRE-OPERATIVE FOR SCOLIOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; PROGRESSIVELY WORSEN SPINAL CURVATURE; BRACING	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Spine The upper back exhibited tenderness on palpation, of the middle back, and the lower back exhibited minimal tenderness on palpation. Range of motion is limited through out the cervical and lumbar spine. Pain demonstrated with rotation and extensi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/25/2015; There has been treatment or conservative therapy.; describing worsening lumbar spine pain and lower extremity tingling and weakness. He reports increasing frequency in spasms throughout the posterior thorax which are aggravated with lifting.; Physical Therapy 2015 Gabapentin 2015-present	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; 7 weeks of physical therapy with no improvement anti inflammatory med with no improvement; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	2
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	4
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	the pt is to have surgery; This study is being ordered for Congenital Anomaly.; adolesent; There has been treatment or conservative therapy.; pain; medications and home treatment and thereapy	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; NEUROLOGIC: The patient has 5/5 strength in all lower and upper extremity myotomes. Sensation intact to light touch in lower and upper extremity dermatomes. Positive clonus 1 beat. Negative Babinski. Positive Hoffmann's. Negative bilateral sitting s; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	thoracic and lumbar spine show larger degree of curve 64degrees thoracic, 47 degrees lumbar. Evaluate status of spinal canal, assess of facets and discs; This study is being ordered for a neurological disorder.; initial onset 2012; There has been treatment or conservative therapy.; heart palpitations, pain in lower back, between moderate and severe, wakes her from sleep, numbness and swelling across back.; Physical therapy, ibuprophen, meloxicam, prednisone and flexoril, rest, heat, ice unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/16/2017; There has been treatment or conservative therapy.; tingling in the back, tenderness, slouched over, x-ray was done and show spondylolisthesis; PT	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bi legs weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient entire body; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the bilateral legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; caller not sure; There has not been any treatment or conservative therapy.; scoliosis	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 11/26/2016; There has been treatment or conservative therapy.; bilateral hip pain, popping noise, tenderness to palpitations. pain with lateral movements. X rays show question of left sacral lucency. Hip x ray was negative.; home exercises, steroids,	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; pain, weakness, tingling, and numbness of the lower extremity; pt, anti inflammatory and pain medications	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/16/16; There has been treatment or conservative therapy.; neck, shoulder, back and bi-lateral leg pain; motrin , ibuprofen, aleve, and home exercise	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/20/2016; There has been treatment or conservative therapy.; low back pain, numbness and tingling, and that increases with walking. ROM and instability; PT, medications	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/28/2016; There has been treatment or conservative therapy.; PAIN; PHYSICAL , MEDCATION	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Chronic lumbar pain with abnormal electrodiagnostic testing.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; INCREASED RADICULOPATHY AND WEAKNESS IN THE LEFT LOWER EXTREMITY, PHYSICAL THERAPY HAS NOT IMPROVED SYMPTOMS, EMG/NCV WAS POSITIVE FOR L5-S1 NERVE ROOT IMPINGEMENT. TRYING TO SEE IF IMPINGEMENT IS TO THE POINT OF NEEDING SURGICAL INTERVENTION. SYMPTOMS C; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; symptoms include, Weakness in bilateral legs, decreased mobility, gait disturbance, spasms, tingling in bilateral legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; tender midline right low back with tingling right lateral thigh with numbness; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Lumbar spine no focal deficits but she does have a mildly positive straight leg raise test on the left.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Location of the weakness and numbness is in the right lumbar area and right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. ; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; tenderness of the spinous process at L 5, tenderness of the transverse process on the right at L 5, tenderness of the sacrum, tenderness of the coccyx, tenderness of the sciatic notch, tenderness of the ischial tuberosity, tenderness of the SI joint.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 12/2016; There has been treatment or conservative therapy.; persistent pain in the upper, middle and lower back with radiculopathy to bilateral legs. symptoms include numbness in legs and hands weakness in the legs and back; nonsteroidal anti-inflammatory medication, life style modifications, Spinal therapy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Needs MRI to make sure she has no Spondylolithes she does cheer and pom. She has back pain and has had activity modification and medication Ibuprofen for 2 months; There has been treatment or conservative therapy.; Back pain worsens with activity; Ibuprofen 2 months, activity modification	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	03-27-17; 30-year-old white female in today for her right leg and back. Last Thursday, March 23 she had onset of posterior hip thigh and leg pain. This subsequently intensified and is there constantly. She describes tingling sensation in same distribution; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Attaching clinicals.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Enter answer here - or Type In Unknown If Bernardino is doing great from his posterior cervical laminectomy and fusion. The reason he actually first came to me was his severe spinal stenosis with neurogenic claudication and grade 2 spondylolisthesis at L4; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Evaluate newly diagnosed progression, preoperative; This study is being ordered for Congenital Anomaly.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; Not growing appropriately	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2016; There has not been any treatment or conservative therapy.; SCOLIOSIS THAT IS PROGRESSING, CHIARI MALFORMATION,	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	He would also like to discuss his low back. He has had many years of right low back pain. Pain is worse when rising from a seated position and taking his first few steps. This pain radiates into his bilateral legs with the right being most notable. Pain r; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Muscle Strength: Normal EHL on the right, very slight weakness on the left Hip; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lumbar radiculopathy in the setting of degenerative lumbar scoliosis; This study is being ordered for trauma or injury.; 01/10/2017; It is not known if there has been any treatment or conservative therapy.; Lumbar scoliosis; Lumbar spondylosis with radiculopathy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lumbar spine Exam; Deformity; deformity no gibbous or rib hump deformity; Palpation; palpation Mild pain over L5-S1 left SI joint. No paraspinous muscle tenderness; Skin; skin intact; Soft tissue triggers; triggers No triggers points are palpate; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Reflexes; Patellar Tendon; Patellar Tendon 1+ bilateral	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	LUMBAR SPINE; tenderness to palpation over the bilateral lower lumbar facet joints and on palpation of bilateral greater trochanter(s).; hip abduction gluteus medius 4/5. L5 Motor Strength on the Left: Great toe extension extensor hallucis longus 5/5 an; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Neurological System: POSITIVE.; Reflexes Right patellar reflex normal, medial hamstrings normal, and achilles reflex normal and Left patellar reflex normal, achilles reflex normal, and medial hamstrings normal. Special Tests on the Right: Straight leg ra; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neurological System: Reflexes Right patellar reflex normal, medial hamstrings normal, and achilles reflex normal and Left patellar reflex normal, achilles reflex normal, and medial hamstrings normal. Special Tests on the Right: Straight leg raise test pos; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	New x-rays were made of the lumbar spine today. She does have multilevel spondylosis but no alignment abnormalities except what one might call a hyperlordotic spine.; I have told her that her foot pain may very easily be blamed on a radiculopathy in her ; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	NOne; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	On physical examination, there is pain to palpation of the lower lumbar spine. There is pain to flexion and extension of the lower lumbar spine. There is pain to straight leg raising on the involved side, and to a lesser degree on the uninvolved side. ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient came in with Right hip pain and had hip DJD. Patient had a THA. He has continued to have hip pain that runs down his leg and into his groin. He has a normal hip x-ray. He is having difficulty with full weight bearing on the right lower extremi; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right hip x-ray reveals normal well healed hip replacement. Lumbar spine 2 plus tenderness over spinal column 2 plus tenderness over SI joint  Patient has exhausted all other conservative care.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient continues to have severe and persistant pain in the bilateral lumbar region. Pain radiates to the thigh and leg area. symptoms include balance disturbances, gait disturbances, loss of balance, decreased mobility, weakness in legs and thighs.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the legs and thighs, decreased mobility, balance disturbances, gait disturbances, loss of balance; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has been doing physical therapy since her last visit for lower extremities and back. Pain is better with bending over.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has had chronic back pain for years, that's getting worse. Patient has had several steroid injections and also has participated in physical therapy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has had hip pain since 2015 and Rt shoulder pain as well. using it makes it worse.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is post op surgery , 1 year post op and has devolved severe back pain that radiates through right leg which started 2 months ago . Also reporting that patient has to constantly urinate with right flank pain , she has been seen by a urologist an; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PLAN: The x-ray and exam findings were reviewed with the patient. Options were discussed. Regarding her low back, given her new left leg radiculopathy and weakness I recommend obtaining an MRI of the lumbar spine. She is unable to take anti-inflammatori; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findiLumbar Spine Exam: Observation: Normal gait and station; Palpation: ; Spinal process: TTP bilateral SI joints; Paraspinous muscles: No tenderness; Skin: intact; Soft tissue triggers: No trigger points are palpated ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Post Lumbar sx on 9/16/15. severe pain. weakness/numbness in the right leg with radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having trouble standing up and walking any distance due to weakness and numbness in leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pre op eval; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PRE-OPERATIVE FOR SCOLIOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; PROGRESSIVELY WORSEN SPINAL CURVATURE; BRACING	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt has compression fractures in spine; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	r/o stenosis, disc disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/1/2013; There has been treatment or conservative therapy.; pain and radiculoghy, numbness and tingling, unable to sit stand or walk; medication and physical therapy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Severe pain in the lower back, middle back and neck with radiculopathy to the hips, thighs, knees and shoulders. numbness in the right leg and night pain; This study is being ordered for a neurological disorder.; 1/1/15; There has been treatment or conservative therapy.; Severe pain in the lower back, middle back and neck with radiculopathy to thighs, hips, knees and shoulders. patient also has numbness in the right leg and night pain; Pt has failed physical therapy and steroid injections	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	She has history of scoliosis, diagnosed as an adolescent. She has history of chronic low back pain which started in fall 2013. Pain became worse in November. Denies any known injury. Pain is severe in intensity and aching, dull, piercing, sharp in natu; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Spine The upper back exhibited tenderness on palpation, of the middle back, and the lower back exhibited minimal tenderness on palpation. Range of motion is limited through out the cervical and lumbar spine. Pain demonstrated with rotation and extensi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/25/2015; There has been treatment or conservative therapy.; describing worsening lumbar spine pain and lower extremity tingling and weakness. He reports increasing frequency in spasms throughout the posterior thorax which are aggravated with lifting.; Physical Therapy 2015; Gabapentin 2015-present	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	swallowing, stiffness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness and weakness in back.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	SYMPTOMS:LEG NUMBNESS, DECREASED MOBILITY, JOINT PAIN, JOINT TENDERNESS, LIMPING, POPPING,AND WEAKNESS. SACROILIAC JOINT: RIGHT& LEFT PAINFUL. STRAIGHT LEG RAISE: LEFT - BACK PAIN ONLY.; XRAY- NEGATIVE FOR FX; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	the pt is continuing to have pain after home care plan and taking antiinflammatories as well; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	the pt is to have surgery; This study is being ordered for Congenital Anomaly.; adolesent; There has been treatment or conservative therapy.; pain; medications and home treatment and thereapy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	9
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	27
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	194
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	6
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	39
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	65
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	There is no specific injury noted. Positive numbness and tingling down to the ankle. The pain is made worse with weightbearing and laying down, the pain is made better with nothing; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; It is unknown if the patient had a Lumbar Spine MRI performed within the past 2 weeks.; It is unknown if the patient is experiencing new or changing symptoms. This is a 51-year-old woman who is here to see if there is any further potential surgical intervention given her persistent pain and worsening back pain. I discussed with her that at this point I believe that the continuation of her left leg discomfort i; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	thoracic and lumber spine show larger degree of curve 64degrees thoracic, 47 degrees lumbar. Evaluate status of spinal canal, assess of facets and discs; This study is being ordered for a neurological disorder.; initial onset 2012; There has been treatment or conservative therapy.; heart palpitations, pain in lower back, between moderate and severe, wakes her from sleep, numbness and swelling across back.; Physical therapy, ibuprophen, meloxicam, prednisone and flexoril, rest, heat, ice	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/16/2017; There has been treatment or conservative therapy.; tingling in the back, tenderness, slouched over, x-ray was done and show spondylolisthesis; PT	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several months ago; There has been treatment or conservative therapy.; Instability, catching in the hip, pain, arthritis on x-ray and bursitis; Injection to the hip and is not improving, also had activity modifications and over the counter medication for several months	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for trauma or injury.; 12/15/2016; There has been treatment or conservative therapy.; BLADDAR INCONSTINENCE, WEAKNESS TO ARMS AND LEGS, UNSTEADY ON HER FEET AND CLUMSY WITH THE USE OF HER HANDS.; PHYSICAL THERAPY	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	will fax in clinicals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	X-Rays: AP and lateral views of the spine showed multilevel disc narrowing with osteophyte formation. Foraminal no narrowing noted at L5-S1 on lateral. No acute fracture noted. Loss of lordosis seen on lateral x-ray; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>X-rays: X-rays of the cervical spine are made. Major spondylosis changes with nearly total loss of disc space is noted at C5-6 and C6-7. The Opelika views show foraminal encroachment. Impression: Cervical spondylosis probable stenosis changes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mr. Vinson is seen today for a new problem and subsequent followup. Told this individual seen today for follow-up and interpretation of lumbar spine films. This individual has made her grade 4 spondylolisthesis L5 on S1. I gone over this with him. Fur; There has been treatment or conservative therapy.; Pain and weakness; Patient had therapy and anti inflammatory.</p>	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; pain, weakness, tingling, and numbness of the lower extremity; pt, anti inflammatory and pain medications</p>	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT</p>	2
Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>Chronic sacrococcygeal pain after childbirth. Has now had 4 weeks of conservative treatment.; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT</p>	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>Degenerative disc disease, C4-5, C5-6 and C6-7 with axial neck pain and bilateral shoulder and upper extremity pain and weakness. Post T9-iliac PSI F4 failed implants on 8/5/16. Post T9-L5 fusion with L2 PSO with bilateral L2 radiculopathy. CT of the lu; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/27/17; There has been treatment or conservative therapy.; Neck pain radiating to the bilateral shoulders, and bilateral upper extremities. Pain is severe with limited range of motion; Physical Therapy, traction, medication, steroid injections</p>	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	delayed healing, chronic back pain and has had multiple surgeries including fusions over a great length of her spine all way to the pelvis; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	IMAGING STUDIES AP, inlet and outlet pelvic x-rays show patient has healing superior and inferior pubic rami fractures on left.Her sacral fracture appears to be healing also, but still little bit of lucency in zone I to II on the left side.She could be ha; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	left upper buttocks pain; difficultly walking; increased pain at night; walks with a slight antalgic gait on the left; positive SI joint stress test on left on rotation; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Osteoid osteoma of femur, right; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient presented to clinic with bilateral hip pain, has previously had bilateral hip fractures. Bilateral x-rays reveal apparent collapse of the bilateral femoral heads. Ordered an MRI of the pelvis to rule out avascular necrosis, but hardware impeded im; This study is being ordered due to known or suspected vascular disease.; The ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Pt is having L hip pain. Hip had a facture. Locate in upper hip area. Calcific deposits. Large sup/lat calcified mass. 3.5 cm by 2.5 cm. Femeral area close to pelvic region.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	Recent fracture of pelvis, Pelvic pain, Sacroilliac joint pain; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	wanting CT scan with small cuts to evaluate pelvic fracture; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 11/26/2016; There has been treatment or conservative therapy.; bilateral hip pain, popping noise, tenderness to palpitations. pain with lateral movements. X rays show question of left sacral lucency. Hip x ray was negative.; home exercises, steroids,	1
Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	Abn xray R/O infection; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	hip dislocation; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	Mri needed to r/o Avascular necrosis. xray showed collapse of bilateral femoral heads; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	NUMBNESS; This study is being ordered for trauma or injury.; 01/21/2017; There has been treatment or conservative therapy.; RADIATING PAIN DOWN THE LEFT SIDE, TENDER OF THE SUBGLUDIAL REGION ON THE RIGHT AND LEFT SACROILIAC JOINT., WEAKNESS, WALKS WITH A LIMB; NSAIDS, INJECTION, CHANGE IN ACTIVITY, X-RAY PERFORMED	1
Approval	72196 MRI PELVIS	The ordering physician is an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	2
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	7
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	4
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	6
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	2

Approval	73200 CT ARM OR UPPER		1
		ct bilat clavicles needed to compare bone length and eval malunion damage.; This study is being ordered for trauma or injury.; several years ago was initial injury. pt sought treatment in October 2016; There has been treatment or conservative therapy.; It clavicle fx with malunion; pt given nsuids and a ct bilat clavicles was ordered in October , yet not approved. his treamtnet can't go further until ct is done to determine treatment route	
Approval	73200 CT ARM OR UPPER EXTREMITY		2
Approval	73200 CT ARM OR UPPER EXTREMITY	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint	1
Approval	73200 CT ARM OR UPPER EXTREMITY	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	16
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	69
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	2
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	5
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	3
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1

Approval	73200 CT ARM OR UPPER EXTREMITY	tramatic dislocations recurrent; This study is being ordered for trauma or injury.; first dislocation was in 1999 multiple dislocation since then last one was 2 weeks ago; There has been treatment or conservative therapy.; recurrent dislocations, pain, locking, catching, numbnes, popping, clicking, instability; physical therapy, also home exercise program, rest, ice, nsaid, bracing, sling	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	need to rule out fracture; This study is being ordered for trauma or injury.; dec 3, 2016; There has not been any treatment or conservative therapy.; tenderness, swelling, limited range of motion	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	rheumatoid arthritis, r/o erosions or synovitis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/26/2016; There has not been any treatment or conservative therapy.; pain in hands	2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	34
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	6
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	4
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY		5
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2

Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/22/16; There has been treatment or conservative therapy.; BILAT pain, unable to pick up daughter, pain with over head movement, and pain when lifting.; Home exercises , anti-inflammatory, and pain medication.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/7/2016; There has been treatment or conservative therapy.; pain, limited range of motion in shoulder and hand, numbness in the hand and thumb x ray showed changes at the AC joint wrist xray negative scapho; at home exercises	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; pain and weakness in shoulder, neck pain at night , piercing pain, numbness in hands, shooting pains down the arms.; PT and medications	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PATIENT DID HOME EXERCISES DAILY ALONG WITH PAIN MED CONTROL. EXERCISES HAVE NOT SEEMED TO IMPROVE THE PATIENTS CONDITION.; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2

Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	7
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a neurological disorder.; 09/01/2016; There has been treatment or conservative therapy.; ;	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/01/2017; There has been treatment or conservative therapy.; neck and shoulder pain with radiculopathy and nerve impingement; Physical therapy, cervical traction	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 1,2016; There has been treatment or conservative therapy.; ;	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; right shoulder- 1 month left shoulder- 6 months; There has been treatment or conservative therapy.; bilateral shoulder pain; patient has been taking aleve	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years; There has been treatment or conservative therapy.; Pain lifting overhead and out away from his body. Pain does radiate down his arm, but not past the elbow. The pain is present all day and is worse with activity.; Diclofenac, ice and heat.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	16 year history of right shoulder pain. Pt states he dislocated his shoulder several years ago while boxing. Pt describes the pain as being located around the shoulder blade. Pt does have some numbness, tingling, and pain that radiates down into the elbow; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Bilateral shoulder x-rays indicate down sloping acromion.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/07/2016; There has been treatment or conservative therapy.; Extreme pain with passive range of motion, painful rested external rotation, subacromial crepitus, painful impingement finds, and painful drop arm.; Over the counter anti-inflammatories, steroid injections, and home exercise plan.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	evidence of a rotator cuff tear; Because the pain has been going on for years without any response to conservative management, at this point we are going to proceed with the MRI of both shoulder for better assessment of the rotator cuff tendons.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; pain, more significant at night and shoulder weakness; 2 steroid injections and exercises	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	fall from Top Bunk on 02/01/2016 + Hawkins and + Neer Testing. Shoulder pain; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	He has had conservative treatment prior to his first visit, which was 1/3/17. He has had physical therapy and taken anti-inflammatories. His exam is positive for rotator cuff abnormality, positive Cross Body test, positive Jobes test, and positive Impinge; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	HE INJURED HIS SHOULDER PUSHING SOME WOOD ONTO THE ROOF AND HE FELT A POP IN THE SHOULDER; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>He was first seen in our office on 01/03/2017. He has previously had physical therapy and taken anti-inflammatories. He has left shoulder pain and weakness after multiple falls. He has anterior and superior joint pain that radiates to the bicep. He has te; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p> <p>History of left wrist arthroscopy with ganglion cyst excision, mini open TFCC repair at the ulnar insertion January 2015 at UAMS, apparently complicated by injury to the ulnar nerve.; CRPS, affecting the ulnar side of the distal forearm, wrist, hand. No; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.</p>	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>History of left wrist arthroscopy with ganglion cyst excision, mini open TFCC repair at the ulnar insertion January 2015 at UAMS, apparently complicated by injury to the ulnar nerve.; CRPS, affecting the ulnar side of the distal forearm, wrist, hand.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.</p>	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>HISTORY OF PRESENT ILLNESS: Referred here today for his left shoulder. He was involved in an automobile accident 6 months ago. He has had persistent left shoulder pain since that time. He had no previous symptoms. He complains of pain and weakness with el; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.</p>	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>HISTORY OF PRESENT ILLNESS: Referred here today for his right shoulder. He has had multiple shoulder injuries in the past. He was lifting weights 3 months ago and felt a pop in his right shoulder. He has been unable to actively raise his arm since that ti; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p> <p>HPI:Mr. Calvin presents today for right shoulder pain, with new xrays. He says that this happened in 2014 and it has not gotten better. He was swinging really hard and it sounds like he may have been in the fight. He has pain whenever he swings hard and b; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p>	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>HISTORY OF PRESENT ILLNESS: Referred here today for his right shoulder. He has had multiple shoulder injuries in the past. He was lifting weights 3 months ago and felt a pop in his right shoulder. He has been unable to actively raise his arm since that ti; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p> <p>HPI:Mr. Calvin presents today for right shoulder pain, with new xrays. He says that this happened in 2014 and it has not gotten better. He was swinging really hard and it sounds like he may have been in the fight. He has pain whenever he swings hard and b; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>IMPRESSION: 1. Left acromioclavicular DJD; 2. Possible Left shoulder rotator cuff tear; 3. Possible left biceps tendinosis; Palpable tenderness; Tenderness over her left acromioclavicular joint and anterior subacromial bursal space; Reflexes: N; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Left biceps tendon proximal rupture; 2. Left rotator cuff tear, possible; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p> <p>LEFT shoulder pain since March 2015. Pt has pain at night. The pain is described as achy pain that is constant and 7 out of 10 in severity. The pain is worse with overhead activity and reaching behind and better with rest and medications. Patient complain; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.</p>	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>It shoulder pain w crepitation for 8 mths; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.</p>	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>need to rule out fracture; This study is being ordered for trauma or injury.; dec 3, 2016; There has not been any treatment or conservative therapy.; tenderness, swelling, limited range of motion</p>	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>none; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.</p>	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>none; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p>	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; No clinicals available	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Past history is significant for arthroscopic rotator cuff repair by Dr. Tucker in 2012 on the left shoulder. The patient has not gotten good results from that procedure. He is also diabetic. ; Physical Exam ; Well-developed, well-nourished male is in no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This 57-year-old male seen for a second opinion regarding bilateral shoulder pain. He is right hand dominant male with bilateral shoulder pain for more than three to four years. Symptoms are now worse on the right. Pain is sharp and severe with elevation ; There has been treatment or conservative therapy.; Is well-developed, well-nourished male is in no acute distress. Inspection of the left shoulder reveals well healed puncture scars from previous arthroscopy. Palpation reveals tenderness at the anterior joint line and greater tuberosity. Active range of m; Gabapentin; ; Surgical History ; Cervical Spine Surgery	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	patient fell from standing height on December 8, 2016. He can not raise arm up . Patient complains of severe pain in right shoulder radiating down to his elbow. He has a positive drop arm test, pain and weakness with supraspinatus testing positive for app; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient has been treated by family physician for 3 months prior to being referred for orthopedic consult. Treatment included oral analgesics, anti-inflammatory medications, and at home exercise. Patient has pain with raising arm overhead. MRI ordered to r; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient has little to no use of her right upper extremity. The right shoulder surgery did not help and she continues to have right shoulder pain and neck pain with numbness and weakness of the right upper extremity. She has had an injection and NSAIDS. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient's initial onset with shoulder and neck pain was on 08/10/2016.; There has been treatment or conservative therapy.; Right shoulder stiffness, decrease range of motion, and pain. The pain radiates into her neck and she has right upper extremity numbness and weakness; Patient has had right shoulder A&A with biceps tenotomy and debridement on 8/23/16.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient has tender subacromial region, Positive impingement , spasms to the right trapezial region and increased pain in the right shoulder.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient is having sharp burning pain that is on going for 6 months and is progressively getting worse with popping she is unable to lay on side and has noticed some decreased strength to the shoulder.Patient has tried several different medicines; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	POSITIVE CRANK TEST UPON CLINICAL EXAMINATION ALONG WITH,PREVIOUS HISTORY OF LABRAL REPAIR FOR SHOULDER DISLOCATION AND INSTABILITY.; This study is being ordered for trauma or injury.; 01/03/2017-; There has been treatment or conservative therapy.; DECREASED STRENGTH AND MOBILITY. INCREASED PAIN WITH ACTIVITY. CLICKING AND POPPING WITH EXTREME SWELLING.; conservative therapy CONSISTED OF REHAB FOR 2 MONTH (MUSCLE STIMULATION & STRENGTHENING. STEROID MEDICATION PRESCRIBED FOLLOWED BY NSAIDS TO REDUCE PAIN AND INFLAMMATION.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	pre surgical , several dislocations, checking to see what is torn inside; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	pt c/o left shoulder pain for 3 months. No injury. c/o pain with all movements and the pain isn't getting any better. Pain is increasing even after ibuprofen for 6 weeks. x-rays looked good and were within normal limits. on exam pt has limited range ; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Pt injured his shoulder while lifting something. He felt a tearing sensation at that time. Crepitus is noted in the L shoulder and he is very weak on supraspinatus testing. Cannot raise arm. Impingement provocative maneuvers are extremely painful.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	pt injured shoulder while lifting a stove into a vehicle and shoulder popped; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Pt with left shoulder acute rotator cuff tear, profound loss of functioning activities of daily living.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Quality: worsening, weakness; numbness; tingling; radiation down arm, Previous PT: did not help, Previous Injections: helped temporarily; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	r/o rotator cuff, pain with motion, no active motion, minor tenderness, fell in Dec 2016 and dislocated shoulder, numbness and tingling.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Recommend a MRI for impingement syndrome to R/O RCT.; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	rheumatoid arthritis, r/o synovitis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/09/2017; There has been treatment or conservative therapy.; pain in wrist; hydrocodone	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Right shoulder pain after lifting a transmission onto a table where she felt a pop and felt a strain. She is able to dislocate the biceps with supraspinatus pain which is suspicious of a anterior supraspinatus tear. Her symptoms began after lifting the tr; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. Right shoulder pain and weakness. I talked to the patient about the injury she had. This was one month ago. She fell down some stairs landing on her shoulder. There is no fracture appreciated on x-rays. Her elbow range of motion is good. I recommended an ; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	RIGHT shoulder pain for 2 months. Positive pain at night. No numbness or tingling. She complains of not being able to hold things in space. The pain is made worse with heavy lifting and better with rest. The pain is described as an achy, dull pain that is; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	She has been given conservative treatment prior to her first visit with us on 12/13/16. Right shoulder pain for three months with no injury. She has limited range of motion and constant pain. She is unable to lay on the right side and has pain with physic; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	SUSPECTED BILATERAL ROTATOR CUFF TEAR; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/16/2016; There has been treatment or conservative therapy.; BILATERAL SHOULDER PAIN, PAIN AWAKENS PATIENT FROM SLEEP, TENDERNESS; INJECTIONS, PHYSICAL THERAPY, ANTI-INFLAMMATORY	2

Approval	73221 MRI JOINT OF UPPER EXTREMITY	taking meds for pain; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is aggravated by reaching, overhead activities, and lifting above shoulder height.; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; The study is not requested for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	6
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient injured his right shoulder while throwing firewood 2 weeks ago. He describes a subluxation injury to the shoulder with a tearing sensation. There has been no change in the symptoms with rest and anti-inflammatory medication. Anti-inflammatory ; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient is a 34-year-old female who complains of chronic right wrist pain associated with periodic swelling and a mass. However today the patient reports no obvious presence of a mass but is still complaining of wrist pain. There is no history of inj; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient was originally seen in our off ice on 12-21-2016. A course of 6 weeks of physical therapy was started at that point. After completing 3 weeks of therapy she returned to see us on 1-16-2017 by recommendation of her therapist. She continues to h; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	10
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; CHIEF COMPLAINT: Right shoulder injury.  PATIENT HISTORY: A 30-year-old right-hand dominant male was playing football two weeks ago when he got his shoulder driven into the ground. He has been having extreme pain ever since with the emergency room at	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Concern regarding full-thickness repeat tear of the rotator cuff.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Impingement syndrome of right shoulder	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Info Given or alternate answer entered Recurrent tear of a rotator cuff. Positive Jobs Impingement, Positive Neer Impingement, Positive O'Briens	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; left shoulder instability; Patinet has had 3 dislocations he reinjured in January while playing football	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pateint has susptected Rotator cuff tear.Pos Neer and hawkins test and RC weak upon examination.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; patient has had pain for 10 weeks. He is a baseball player. Positive anterior apprehension, and decrease in strength.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has severe right shoulder pain. Positive Hawkins Impingement. limited range of motion and trouble lifting arm over his head	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; possible rct	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; possible rotator cuff tear	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Recurrent tear of a rotator cuff. Positive Jobes Impingement, Positive Neer Impingement, Positive O'Briens	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; right shoulder impingement syndrome	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; rotator cuff tare	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Rotator Cuff Tear	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Rotator cuff tear. pain persistant day and night. not able to use arm above head or lifting	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; suspected rotator cuff tear	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; A 58-year-old seen in consultation at the request of Dr. Dan Watson, with chief complaint of left shoulder pain and radicular left upper extremity pain. He has a secondary complaint of right anterior knee pain.  He is right-hand dominant. He has had post	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; All this man is having pain and soreness in his right shoulder. He notes when he attempts to abduct the right shoulder he gets considerable pain. He notes it forward elevation is intubated. However the abduction is limiting him from doing several thing	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Kenneth D Wood is a 50 years old male from Ash Flat, AR. This patient is seen today for their intial evaluation of left shoulder pain. This individual is been having problems with left shoulder pain for approximately 15 years. Overhead activities and	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; PARoxetine HCl  Requip     40-year-old male with left shoulder pain. No fall or trauma. Pain is in the lateral shoulder. Pain first started with overhead weight lifting. It has progressed into his daily activities. It affects his sleep. No radiation	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient has tried Tramadol with no relief. using it makes it worse. The injection didn't help which was in 2007	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; She has a history of right shoulder surgery: subacromial decompression, distal clavicle excision 11/11/2011. She had a fall approximately one week ago landing with right arm outstretched. She has limited range of motion and has constant pain and throbbing	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	467
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; 36-year-old black male in today for his right shoulder. He had onset of right shoulder pain January 31 after working shoveling rice all day as he has done for the past 6 months. He awake in the next day with shoulder pain. He says it is not terribly painf	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; ASSESSMENT  1. Impingement with type III acromion, left shoulder.  2. Rule out rotator cuff tear, left shoulder.  3. Polycystic kidney disease - patient cannot take anti-inflammatories orally.   Patient is a 50-year-old male.   This well-develop	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Enter answer here - or Type In Unknown I Janiesha Glover is a 23-year-old black female right-hand dominant. She had recent onset of right shoulder pain and mechanical symptoms. She feels like it "going in and out". She states she had a dislocation in	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; HISTORY OF PRESENT ILLNESS: Referred here today for right shoulder pain. This is been bothering her off and on for the last 3 years. She does not remember a specific history of trauma. She is right-hand dominant. She complains of pain and weakness. She ha	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; HISTORY OF PRESENT ILLNESS: Seen today for second opinion for his right shoulder. He was involved in a automobile accident 20 years ago. He was told he had a sternoclavicular joint injury. He has persistent pain in his right shoulder that radiates into hi	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Non traumatic rupture and rotator cuff	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; none	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; On 1-4-17, His right shoulder popped twice while picking up a log and then his arm crunched while lifting a log splitter. There has been no change in the symptoms with rest and anti-inflammatory medication. Anti-inflammatory medication started naproxen si	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has a positive Jobes Impingemnet, positive Hawkins Impingement. Pain and weakness in the right shoulder.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient is 4 weeks post-op from elbow surgery and felt a pop when picking up her daughter. MRI is ordered to evaluate for possible tear. Patient will begin course of physical therapy after she is 12 weeks post-op	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; possible Retear of left rotator cuff tendon.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; This 56-year-old female seen in consultation at the request of Dr. Ford, has chief complaint of right shoulder pain. She is a right-hand-dominant female with right shoulder pain for four months. The pain has been severe over the past four weeks. She has n	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Yes	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	13
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	5
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	5

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient is experiencing joint locking or instability.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.	17
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.).";	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; He was seen in January for right shoulder pain and was given another steroid pack. He declined an injection at that time and was diagnosed with right shoulder pain secondary to subacromial impingement. He reports that he has still been having intermitte	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Internal rotation is stiff. Tenderness to palpation over anterior shoulder. Pt states the injection in the RT shoulder on 12/1/16 was no help.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Loss of ROM, pain with lifting or reaching overhead	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Positive pain at night. Patient states she has numbness and tingling shooting down her entire arm. A.C. Joint provocative tests are positive. Impingement signs are positive.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Pt has pain at night. Some associated numbness and tingling done the arm to the fingers. He has some C/spine pain. The pain is worse with overhead activity and reaching behind and better with resting his arm over his head	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; RIGHT shoulder pain for 15+ years, but increasing after slipping and falling on 1/2/17 where she caught herself with the arm. No pain at night. No associated numbness and tingling. Patient points posterior laterally as the area of most pain. The pain is	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; seen today for follow-up impingement syndrome of the right shoulder. On her last visit she received a cortisone injection. Furthermore I had her in a supervised therapy program. She still notes some soreness and pain in her right shoulder. Particularl	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is described as sharp, achy pain that is intermittent and 10 out of 10 in severity.  The pain is worse with overhead activity and reaching behind and better with rest and medications.  Patient currently works. Pt has had some injections up to	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is described as sharp, achy pain that is intermittent and 5-10 out of 10 in severity.  The pain is worse with overhead activity and reaching behind and better with rest and medications. A.C. Joint provocative tests are positive. Impingement si	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is worse with overhead activity and reaching behind and better with rest and medications.  No injections up to this point. Pt did some P/T at BRMC and states it was no help.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The right shoulder has a weak positive Speed test, positive O'Brien, and negative Hawkins test. No tenderness superiorly over the AC joint.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; checking to see if they will need to do surgery	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; Contusion OF right shoulder with probable rotator cuff tear. Also, suspected type II SLAP lesion.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; I recommend a MRI of the LEFT shoulder for impingement syndrome	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; I recommend LEFT shoulder MRI TO R/O LABERAL TEAR.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; MRI for impingement syndrome	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; patient takes medication for pain	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; recommend a MRI to R/O RCT	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; right shoulder pain and torn biceps tendon after opening a heavy metal door on 12/22/16. He reports an intermittent achy and burning pain in the right upper arm and the anterior and posterior shoulder. He has a history of a right shoulder revision rotat	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	7
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; < Enter answer here - or Type In Unknown If No Info Given. >	6
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; ASSESSMENT  1. Rupture long head biceps, right shoulder.  2. Rule out progression of high grade partial SST tear right shoulder.  3. Impingement type III acromion, right shoulder.  4. Questionable glenohumeral osteoarthritis, right shoulder noted	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; CeleXA 40 mg tablet  HYDROcodone 5 mg-acetaminophen 325 mg tablet  losartan  Synthroid  Xanax 0.5 mg tablet  Previous PT: none   This 45-year-old male seen in consultation at the request of Dr. Edwards has chief complaint right shoulder pain. This	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Left Rotator Cuff Tear	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; left shoulder pain with suspected rotator cuff tear. Range of motion grossly limited and with pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; left shoulder pain with very suspected rotator cuff tear. Arthroscopy planned but need to confirm extent of tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Normal x-rays , positive o'briens, positive neer impingement, positive cross adduction, limited range of motion	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; pain with motion of the right shoulder/crepitus with range of motion, active forward elevation to 90 degrees and abduction to 70 degrees/limited past this due to pain with passive motion/external rotation to approximately 20 degrees/cannot internally rotate	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; patient continues to have right shoulder pain, loss range of motion, popping of her shoulder. Has done rest and ice, has had medication. There is a concern of labral tear. Patient has had a positive Obrien test.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PATIENT HAD A SPORTS INJURY AND IS UNABLE TO MOVE HIS RIGHT ARM ABOUT HIS HEAD. DR MITCHELL BELIEVES PATIENT HAS A R LABRAL TEAR VS ROTATOR CUFF TEAR	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Patient has had 8 shoulder dislocations in the last 5 years. instability unable do overhead activities.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Patient has had a fracture of greater tuberosity of Right shoulder. It has healed. Now patient is having problems with frozen shoulder--arthrofibrosis...	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Patient has severe pain in the R shoulder that radiates to her neck, chest wall and arm. Jobs: Positive Neer: Positive O'Briens: Positive. Painful range of motion.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PATIENT IS NEEDING A MRI ARHTROGRAM FOR POSSIBLE RIGHT SHOULDER LABRAL TEAR. PATIENT IS UNABLE TO RAISE ARM ABOVE HEAD.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PHYSICAL EXAMINATION: On examination, she has pretty decent cuff strength, possibility that she has weakness on the supraspinatus specific testing compared to the other side. It is not profound. It is not a drop-arm but it is different enough that I thin	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; possible rotator cuff tear	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Pt originally seen on 11/7/16 for left shoulder pain. Biceps tendon strain vs. SLAP tear. He has had intra-articular steroid injections, he has completed a course of physical therapy with little improvement.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Randy is back in the office today and we did his left total knee in May and he has had previous Oxford Knee. His flexion of his knee is somewhat limited. Otherwise, he is doing well. His problem is really his shoulder. We have injected this a couple times	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Recurrent left shoulder dislocations	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; shoulder pain; lrm; hx injections	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; SUSPECTED ROTATOR CUFF TEAR	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; The patient had an acute injury to his left shoulder in October. He saw his primary care doctor. He has had oral steroids, IM steroids, NSaids, pain medication, rest, Ice and behavior modification. He has normal x-rays Limitation range of motion , positive	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; The patient is a 33-year-old female who presents with approximately two months of right shoulder pain. There is no history of fall or injury or overuse. Her history though it is notable for left rotator cuff tendon repair. The tear had occurred spontaneo	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; The right shoulder is examined in detail. He does have tenderness to palpation anteriorly at the shoulder and pain with forward flexion. He will not allow me to forward flex it past 60 degrees because of pain. He can actively abduct it to almost 90 deg	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; To fix a labral, Has instability on left side, apprehension test positive. Labral crank test positive, xray was normal. Symptoms for 18 months and nothing helps	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; the study is being ordered to rule out a labral tear due findings on physical exam, if labral tear is confirmed then surgery will be scheduled	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient has not had a recent CT of the shoulder.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	34
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	5

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The request is for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	8
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	14
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for staging.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This CNA at Good Shepherd 39-year-old black female states that her right shoulder has been hurting for the last two years since lifting heavy patients at Good Shepherd. A 5 feet 4 inch, 184 pounds, black female with pain at the extremes of motion. Positiv; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a 23-year-old female seen in consultation at the request of Dr. Rachel King who has chief complaint of right shoulder pain. This right-hand-dominant female injured the right shoulder three months ago playing rugby. She had pop and pain in the shou; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	26
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	12
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	4

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	7
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	2

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	13
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	5

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	12
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint. This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	5
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	5

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	5

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	trumatic dislocations recurrent; This study is being ordered for trauma or injury.; first dislocation was in 1999 multiple dislocation since then last one was 2 weeks ago; There has been treatment or conservative therapy.; recurrent dislocations, pain, locking, catching, numbnes, popping, clicking, instability; physical therapy, also home exercise program, rest, ice, nsaid, bracing, sling	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; The pain is described as dull, achy pain that is constant and 6 out of 10 in severity.  The pain is worse with overhead activity and reaching behind and better with wearing a sling. No injections up to this point. He has previously taken prednisone with ; Seen a Chiropractor and NSAIDs	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	X-RAY PERFORMED YESTERDAY WERE NEGATIVE EXCEPT SHOWED A SMALL SPUR ON THE LEFT SHOULDER; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; WORSENING BILATERAL SHOULDER PAIN; PHYSICAL THERAPY, ANTI-INFLAMMATORY, STERIOD INJECTIONS	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	X-ray: 4 views RIGHT and LEFT shoulders with No Glenohumeral arthritis, Mild to moderate AC joint arthritis, and a Type 2 acromion. No obvious masses. No fractures or dislocations. 2 views of the cervical spine show a straitened C-Spine with loss of lord; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; BILATERAL shoulder pain. No specific injury. She states the RIGHT shoulder is more painful than the LEFT. Numbness and tingling is noted bilaterally.; Therapy and injections, She is also Taking Anti-inflamatories < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being	2
Approval	73700 CT LEG OR LOWER EXTREMITY	ordered for Congenital Anomaly.; 6/2016; There has been treatment or conservative therapy.; pain with walking; braces	1
Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3/22/2017; There has not been any treatment or conservative therapy.; pain , swelling , mild warmth also hard as a rock	2
Approval	73700 CT LEG OR LOWER EXTREMITY		1

Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; September, 2014; There has been treatment or conservative therapy.; Patient has pain with internal rotation , limited range of motion and; Patient has had physical therapy, Medications. And anti inflammatory ; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	2
Approval	73700 CT LEG OR LOWER EXTREMITY	foot was run over by a truck; This study is being ordered for trauma or injury.; 1/29/17; There has been treatment or conservative therapy.; non weight bearing , can't walk on foot, can't move toes; been in a boot for 2 weeks, xrays patient will benefit from subpalar joint fusion with a calcaneal malunion surgery; This study is being ordered for trauma or injury.; 1-13-17; There has been treatment or conservative therapy.; normal; walking boot	1
Approval	73700 CT LEG OR LOWER EXTREMITY	pt has screws in her face .....may have meniscus tear; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	10
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	4
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	6
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	4

Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	3
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1

Approval	73700 CT LEG OR LOWER EXTREMITY	<p>This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</p>	1
Approval	73700 CT LEG OR LOWER EXTREMITY	<p>This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</p>	1
Approval	73700 CT LEG OR LOWER EXTREMITY	<p>This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</p>	2
Approval	73700 CT LEG OR LOWER EXTREMITY	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</p>	1

Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	3
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2

Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	6
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	11
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	3
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	5
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	5
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.	1

Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	2

Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1
Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; ; This is a request for a bilateral ankle MRI.	5
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; It is not known if the patient has had a recent bone scan.; The plain films were normal.; It is not known if there are documented findings of joint infection.; Known or Suspected Joint Infection	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; ANTI IMFLAM; The patient received medication other than joint injections(s) or oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/20/2016; There has been treatment or conservative therapy.; low back pain, numbness and tingling, and that increases with walking. ROM and instability; PT, medications	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; lifetime; There has been treatment or conservative therapy.; pain; injections,	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; It is unknown if they had 2 normal xrays at least 3 weeks apart that did not show a fracture.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; 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 pt is continuing to have pain; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; 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 pt is still having pain; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	6
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Steroid Hydrocodone Ibuprofen; The patient received medication other than joint injections(s) or oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March of 2016; There has been treatment or conservative therapy.; Patient states that her knee occasionally swells. Patient points globally as the area which is most painful. She has tried bracing with minimal relief. She has previously had an ACLR on 3/18/16 and a medial and lateral meniscectomy on 8/12/16.; Physical Therapy, Meloxicam, Voltaren Gel	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	+ mcmurrays, lateral and medial joint line tenderness, crepitance, r/o meniscal tear and loose bodies;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; pt still having knee pain w ambulation, nsaid not helping, + mcmurrays, r/o meniscal tear; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	01-17-17 44-year-old female with right thumb pain and right knee pain. She had a fall 2 months ago. She has had this joint pain ever since. We attempted to physical therapy and prescription medication. She also has bruising of both joints. This does not ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	3 view standing right foot and ankle x-ray was ordered, obtained, and interpreted. Findings reveal healed and consolidated hallux MTP joint arthrodesis with transfixing hardware crossing the dorsal hallux MTP joint which appears to be striker plate and sc; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; It is unknown if they had 2 normal xrays at least 3 weeks apart that did not show a fracture.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	A right knee arthroscopy will be scheduled soon if the MRI reveals a medial and/or lateral meniscal tear and/or chondromalacia. Patient injured right knee on 09/2016 from a fall. She has seen her PCP and has been taking Ibuprofen and resting her knee. Rig; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Aspirated 100cc of fluid off of his knee, pain; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Assessment: Diagnosis: Bilateral pes planus midfoot arthritis and  remote possibility of metastatic cancer both ankles Right hip subtrochanteric metastatic breast cancer left acetabular metastatic cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	BECAUSE XR SHOW A SUBCONDRA CYST IN THE MID TIBIA AREA, THE PHYSICIAN BELIEVES PT MAY HAVE AN ANTERIOR CRUCIATE LIGAMENT DEFICIENT LEFT KNEE WITH ARTHRITIS.HE IS STILL WEARING A KNEE SLEEVE AND USE OTC ANTI-INFLAMMATORIES FOR PERSISTENT PAIN.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PATIENT HAS MODIFIED DAILY ACTIVITIES, AS IT CAUSES HIM SEVERE PAIN WHEN HE WALKS AND MOVES. HE HAS WORN KNEE BRACES, TAKES NAPROXEN.; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Chronic Pain and injury recently made it acute.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	decreased ROM;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approx. 2 months ago; There has been treatment or conservative therapy.; Pt has pain and swelling; anti inflammatory	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	DUE TO THE PATIENT'S LONG STANDING PAIN AND INCREASING SYMPTOMS, THE PHYSICIAN WOULD LIKE TO SEE IF SURGICAL INTERVENTION MIGHT BE NECESSARY.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT HAS HAD BILATERAL DJD FOR SOME TIME. HAS HAD NEARLY A YEAR OF CONSERVATIVE TX, WITH NO PAIN RELIEF. PHYSICIAN WANTS TO LOOK INTO POSSIBLE SURGICAL INTERVENTION.; There has been treatment or conservative therapy.; PAIN, RECURRENT EFFUSIONS, UNABLE TO STAND OR DO ACTIVITY FOR VERY LONG WITHOUT MORE PAIN, TENDERNESS ALONG THE MEDIAL SIDE; PATIENT HAS HAD INJECTIONS, MULTIPLE KNEE BRACES, ANTI INFLAMMATORIES AND ACITIVITY MODIFICATION, WITH NO RELIEF IN PAIN.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	During the exam patient had a Positive McMurrays test.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Evaluate for ACL tear right knee due to trauma; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Evaluate for medial meniscus tear or a tear in the ACL graft. Positive McMurrays.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Examination shows a very painful "POP" with McMurrays test. Effision is present. Pt is not able to put weight on the knee. decreased mobility; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	foot was run over by a truck; This study is being ordered for trauma or injury.; 1/29/17; There has been treatment or conservative therapy.; non weight bearing , can't walk on foot, can't move toes; been in a boot for 2 weeks, xrays	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Had an injury to the right knee and had a large traumatic effusion of the knee. She's had some catching and popping in the knee.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	HISTORY OF PRESENT ILLNESS: Referred here today for an injury to her right knee. She did this several weeks ago after she jumped off a fence. She felt a pop at that time. She has had pain and instability since that time. She had no previous symptoms.  ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	HISTORY OF PRESENT ILLNESS: Referred here today for left knee pain and swelling. This is been bothering her for last couple of months. There has been no history of trauma. He complains of instability and pain.  MUSCULOSKELETAL: Left knee shows an effusi; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Horse fell on her while she was running barrels, causing her to hit her right knee on the saddle horn. DOI 02/07/17. Complains of pain, swelling, decrease ROM and inability to bear weight on right lower extremity. Looking for mmt.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Initial injury 2014, surgery was required but Clinicals are not available at this time. 4 weeks ago patient felt a pop in the knee and failed conservative treatment over last 4 weeks. Increased pain, popping and severe swelling.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee pain after twisting injury; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee pain and instability x 1 mth, joint line tenderness, positive mcmurray sign, r/o meniscal tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee pain x 1 mth. need mri to eval for avn or other bone marrow issues. also r/o meniscal tear and loose bodies; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Left knee pain from trauma. I suspect this gentleman has a medial meniscus tear.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	LEFT KNEE PAIN, SWELLING, unable to bear weight, warm to touch, unable to fully extend left leg straight; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; There are no documented physical or laboratory findings of a joint infection.; Known or Suspected Joint Infection	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Left knee pain: The patient is a 43-year-old female who presents with recent onset of left knee pain. She knows prior swelling and pain in right knee that continuously resolved. She now complains of swelling and pain in left knee associated with clickin; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	medial joint line pain, painful range of motion, positive McMurrys test, swelling.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Ms. Smith is a 27 year old female previously seen for pelvis and sacral trauma in 2013. She is here today for bilateral knee pain.      SHe said she fell three years ago in heels and reinjured the left knee again in 2015. She was old that she has an ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Ms. Turner is a 36 year old female referred by Dr. Gil Johnson for evaluation of left knee pain which began when she was putting a box in the attic, stepped wrong and felt a popping sensation in the knee. The injury seemed to be in flexion and either varu; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	mva in july 2016, pt still having knee pain and patellar pain w instability; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	new patient seen with this MD, has had previous conservative care that has not provided relief, MD wants to r/o meniscus tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	None; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	None; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PATIENT ATTEMPTED PT ONCE BUT HER KNEE LOCKED UP AND WAS UNABLE TO COMPLETE PT. She reports mechanical symptoms over the course of the past week after feeling a pop and knee locking.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient feel 2 weeks ago and landed on his knee and the pain is sharp and burning with swelling. The knee shifted during the fall. The patient is using a walker due to constantly buckling of the knee.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determjned by x-ray.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient fell, Worsening and aching, discomfort, problem with moving walking, bruising, swelling, pain; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient had ACL repair done on the right new about three years ago. Her pain since surgery has never really gone away. After he ACL repair she had physical therapy for about two months postoperatively.   She has a positive MCMurys test.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient has a liaison on the right bone, causalgia; This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PATIENT HAS FAIRLY RAPID LOSS OF JOINT SPACE. SHE HAS HAD SEVERAL TYPES OF CONSERVATIVE TX, PHYSICIAN WANTS TO SEE IF THERE IS A TEAR; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02.08.2007; There has been treatment or conservative therapy.; SEVERE PAIN, MEDIAL AND LATERAL JOINT LINE TENDERNESS, EFFUSION, PAIN WITH WEIGHT BEARING,; PATIENT HAS HAD INJECTIONS, ANTI INFLMMATORIES, NSAIDS, AND CHANGE IN ACTIVITIY.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient has left knee pain. She has aching and throbbing, mainly about the medial aspect of the knee. It is worse with weightbearing. She does report some mechanical symptoms with catching of the knee. She reports swelling which has been waxing and wan; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PATIENT IS VERY ACTIVE IN SPORTS AND HAS HAD 4 PREVIOUS SURGERIES. SHE IS HAVING SEVERE DISABLING PAIN AND HAS HAD YEARS OF CONSERVATIVE TX.; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; SWELLING, MEDIAL AND LATERAL JOINT LINE TENDERNESS, SEVERE PAIN; PATIENT USES IBUPROFEN, HAS HAD CHANGE IN ACTIVITY WITH NO SUCCESS, HAS HAD SEVERAL KNEE SURGERIES AND P.T., NSAIDS,KNEE BRACES	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient may or may not have been instructed on home therapy by PCP.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient slipped in the bathroom on the rug and twisted his knee 5 day's ago without his knee brace he feels his knee pop out of place.and also feels weak.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient states he was standing up from kneeling at work and had significant pain on 12/24/16. He is using crutches today. Patient states he has had previous scope surgery on this knee. The pain is described as a constant, sharp, achy pain which is 7/10 in; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient states the pain is sharp, achy, and 7/10 in severity. The pain is worse with WB and better with rest. He is using crutches and a knee brace.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient tore ACL & Meniscus over a year ago; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; Aleve Ibuprofen; The patient received medication other than joint injections(s) or oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient was told he had some torn ligaments in the right knee and it was treated with PT.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PATIENT'S PAIN IS INTEREFERING WITH HER DAILY ACTIVITIES. ANY TYPE OF P.T OR CHIROPRACTIC VISITS WILL NOT HELP A MENISCAL TEAR. PT HAS HAD ANTI INFLAMMATORIES, ICE, REST AND HOME EXERCISES.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PATIENT HAS HAD ACTIVITY MODIFICATION AND STRENGTHENING EXERCISES SINCE DECEMBER. SHE HAS ALSO TREATED WITH ICE AND REST. PHYSICIAN SUSPECTS A MENISCAL TEAR.; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PHYSICIAN WANTS TO SEE IF PT WILL BE POSSIBLE CANDIDATE FOR KNEE SURGERY, HAS TRIED CONSERVATIVE TX FOR YEARS WITH NO FULL BENEFIT OF PAIN RELIEF.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03.11.2014; There has been treatment or conservative therapy.; KNEE PAIN, WORSE WITH BENDING AND BEARING WEIGHT, WEAKNESS WITH WALKING; PATIENT HAS HAD BILATERAL KNEE PAIN FOR YEARS, WEAKNESS WITH WALKING, DJD OF BOTH KNEES, PAIN WITH BENDING AND WEIGHT BEARING, HAS HAD INJECTIONS AND CONSERVATIVE TX OF MEDS, MODIFIED ACTIVITY	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	possible meniscal tear , joint line tenderness positive mcmurray test; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks. previous treatment with Dr Ogg. exam 3/23/17 suspect for chondral defect and medial meniscal tear. Pt has completed several weeks conservative treatment with another physician prior to being seen in our office. positive for pain, painful range of motion, ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	possible meniscal tear , joint line tenderness positive mcmurray test; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt caught himself as he was falling off of a roof 6 years ago, December 2012, and hurt his right knee. He went to an emergency room where they only took xrays. No fractures were noted. They casted his leg for 6 weeks. Burt Pt states that his right knee ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; pt has been seeing his primary care physician prior to seeing Dr. Powell, an orthopedic specialist. Pt has modified his activities, taken over the counter and prescription pain medications and done stretching type home exercises. Pt. is not any better w; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt fell and knee is swollen, painful, and it pops. Pt has positive McMurray's sign.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt has a fracture; This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt mobility is limited by pain and "catching" in the right knee. mild effusion present. McMurrays test is positive; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	R/O internal derangement vs. arthritis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2002; There has been treatment or conservative therapy.; Pain in knees with hip rotation, painful McMurray's, popping, can't stand for long periods; Medications recommend MRI LT ankle; This is a request for an Ankle MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.;	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The member has a recent injury.; It is not known if the study is requested for ankle pain.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Right knee pain after twisting injury, rule out meniscal tear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Right knee: Has a well-healed scar over the anterior knee. Some mild swelling of the knee. General flex and extend the knee fully. He has some mild crepitus of the patellofemoral joint with range of motion. He has some mild tenderness along the medial joi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/20/2015; There has been treatment or conservative therapy.; Right knee: Has a well-healed scar over the anterior knee. Some mild swelling of the knee. General flex and extend the knee fully. He has some mild crepitus of the patellofemoral joint with range of motion. He has some mild tenderness along the medial joi; Meloxicam; Physical therapy; ; Since he is failed to improve and agrees to get an MRI of his knees and see if there is any evidence of meniscus tear that we can treated with an arthroscopic procedure. I will set this up and see him back after the MRI go o	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	rt knee pain for several mths, joint line tenderness, antalgic gate, dec ROM, r/o degenerative meniscal tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics. RT knee pain greater than 3 days. Patient had skiing accident. Swelling greater than 3days.; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	RULE OUT MEDIAL MENISCUS TEAR.; SYMTOMS:DECREASED MOBILITY, JOINT INSTABILITY, JOINT TENDERNESS,LIMPING, NOCTURNAL AWAKENING,PAIN, NUMBNESS, SWELLING, TINGLING IN LEGS,STRENGTH IS LIMITED,LIMITED RANGE OF MOTION, AND WEAKNESS.; PREVIOUS SURGERY: LEFT KNEE; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	SINCE PT HAS HAD CONSERVATIVE THERAPY FOR ONE YEAR AND PAIN HAS GOTTEN MORE SEVERE, PHYSICIAN WANTS TO GET IMAGING TO SEE IF THERE IS A TEAR, OR WHAT IS GOING ON.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; APPROXIMATELY ONE YEAR AGO, FEBRUARY 9, 2016; There has been treatment or conservative therapy.; SEVERE PAIN X 1 YEAR, BUCKLING, FEELS LIKE ITS GIVING WAY, MEDIAL JOINT LINE TENDERNESS, EQUISITELY TENDER ALONG THE MEDIAL JOINT LINE BILATERALLY. XR NORMAL.; INJECTIONS, ANTI INFLAMMATORIES, CHANGE IN ACTIVITY	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	surgery is not scheduled pt has locking, limited weight bearing, lateral meniscus tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	swelling (patellar bursitis), Bony Palpation Left: tenderness of the lateral patellar facet, the medial patellar facet, the medial joint line (marked), the lateral joint line (mild), and the medial tibial plateau. Soft Tissue Palpation Left: tenderness of; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient had onset of knee pain after a bowling incident back in February. We treated her with NSAIDs. She has modified her physical activity. She is continuing to have pain. Her primary care physician has continued her on the meloxicam which has became; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient has left knee pain for over 1 year that has not improved with rest, bracing or medication. Medication started meloxicam 15mg and oral steroids. He uses a cane to assist with ambulation. Physical exam shows Severe medial joint line tenderness t; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient is having left knee pain present for 1 month. There was no specific injury to her left knee. Since the onset, she reports the problem is getting worse. There has been no change in the symptoms with ice, rest, anti-inflammatory medication and m; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient is having left knee pain that has not improved with Tylenol or rest. On physical exam Global tenderness noted, Mild instability noted and McMurray test is positive. X-rays done on 2-15-2017 are negative.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient is having right knee pain, limping, clicking and popping after a fall on 12-7-16. There has been no change in the symptoms with ice, rest, anti-inflammatory medication (ibuprofen) and bracing. Icyhot does not improve symptoms. On exam, there i; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient is having right knee pain, swelling, stiffness, limping and popping. She fell down stairs and landed on both knees September 2016. Her pain has worsened over the last month. There has been no change in the symptoms with heat or change in activ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient reports recurrent mechanical symptoms of locking and catching in the knee. Patient did have a mild degree of swelling about the medial aspect of the knee. Right knee examination reveals tenderness to palpation about the medial joint line, n; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; anti-inflammatories; The patient received medication other than joint injections(s) or oral analgesics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	18
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	5

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	10
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with immobilization for at least 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for 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.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; There are documented physical or laboratory findings of a joint infection.; 3 YEAR OLD WITH LEFT KNEE PAIN, INFUSION, WITH ELEVATED CRP, POSSIBLE OSTEOMYELITIS; Known or Suspected Joint Infection	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; ; Suspicious Mass or Suspected Tumor/ Metastasis	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	15
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking	9
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	13

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation	13
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	707
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Locking	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Swelling greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	36
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	5

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; ; Suspicious Mass or Suspected Tumor/ Metastasis	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	11
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This is a 45 year old female who comes in for a chief complaint of knee pain, involving the right knee. The knee pain is located all over the knee (diffuse). This occurred in the context of a gradual and insidious onset. The knee pain has been present for; Suspicious Mass or Suspected Tumor/ Metastasis	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	5
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; x-rays of the right knee were obtained, demonstrating the following findings: There is normal alignment. There is no fracture. Additional findings include; Cartilage change along lateral aspect of tibia to be correlated with MRI. Visual inspection of; Suspicious Mass or Suspected Tumor/ Metastasis	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The plain films were not normal.; <Additional Clinical Information>; Known or Suspected Joint Infection	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	33
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	7
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	14
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	15
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	11
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	51
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	6
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	5
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	21
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	2

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

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	to check healing on osteochondritis Lesion; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	twisted knee two weeks ago. cant fully extend or bend knee without pain.positive mcmurrays. xrays normal. negative drawers and lachmans. Stable collateral ligaments. Lateral joint line tenderness.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	UNKNOWN; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; It is unknown if they had 2 normal xrays at least 3 weeks apart that did not show a fracture.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Unspecified internal derangement of right knee (M23.91). The patient's history and exam are c/w a probable meniscal tear Recommend an MRI (right) knee to rule out internal derangement due to failure of conservative management to include medication an; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	X-ray: 4 view LEFT and RIGHT knee with minimal medial joint space narrowing on RT with mild medial joint space narrowing on LT. Posterior spur noted on RT knee as well.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Several years; There has been treatment or conservative therapy.; ; has done Knee Sleeves and aspercream, and Mobic	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several year history of bilateral hip pain.no injury.; There has been treatment or conservative therapy.; suspected Avascular necrosis. symptoms are pain on outside of both hips with groin pain pain with arising from seated position, standing bending and twisting. Good range of motion. Pain with external rotation.; physical therapy, NSAIDS, change in activity level.	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Assessment: Diagnosis: Bilateral pes planus midfoot arthritis and  remote possibility of metastatic cancer both ankles Right hip subtrochanteric metastatic breast cancer left acetabular metastatic cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. PATIENT CONTINUES TO HAVE PERSISTENT PAIN AFTER INJECTIONS,NSAIDS AND ACTIVITY MODIFICATION. PHYSICIAN WANTS TO EVAULATE PAIN TO SEE IF SHE IS A CANDIDATE FOR OPERATIVE TREATMENT.; This study is being ordered for a neurological disorder.; 11.08.2016; There has been treatment or conservative therapy.; BILATERAL HIP PAIN INCREASED WITH LYING ON THE HIPS AND WALKING. MARKEDLY TENDER OVER BOTH GREATER TROCHANTERS,XR REVEAL SLIGHT DEGENERATIVE CHANGES.; PATIENT HAS BEEN ON MOBIC BUT HAD TO QUIT DUE TO BLOOD ISSUES, NOW TAKES CELEBREX.. HAS HAD STEROID INJECTIONS, MODIFIED ACTIVITY	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Patient has positive impingement sign, positive hip scouring and pain in posterior groin. Patient has limited ROM and elevated alpha angle. Further imaging is needed to assess articular surfaces.; This is a requests for a hip MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Plain x-rays of her hips do show some abnormality in the anterior and lateral neck on both sides but perhaps worse on the left. I do not see any evidence for a fracture.; This study is being ordered for trauma or injury.; 10/15/2016; There has not been any treatment or conservative therapy.; Her left hip range of motion is painful and almost all directions.	2

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>SYMPTOMS:DECREASED MOBILITY, JOINT INSTABILITY, JOINT TENDERNESS, LIMPING, PAIN, NUMBNESS, SWELLING, TINGLING IN LEG, AND WEAKNESS.&#x0D; HIP XRAY - NEGATIVE&#x0D; TX - REST AND TRAMADOL; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.</p> <p>SYMPTOMS:JOINT STIFFNESS, JOINT TENDERNESS, WEAKNESS,PAIN,&amp; FEVER.&#x0D; PHYSICAL EXAM: LIMITED RANGE OF MOTION,MAX TENDERNESS RIGHT GLUTEAL, LIMITED STRENGTH, PAIN MOSTLY LATERAL,AND XRAY SHOWS JOINT SPACE NARROWING OF RIGHT HIP.&#x0D; PATIENT HAS TRIED RX PAIN MED; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.</p>	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>This is a requests for a hip MRI.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; The hip pain is due to a mass.; The request is for hip pain.</p>	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.</p>	10
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.</p>	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>This is a requests for a hip MRI.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.</p>	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.</p>	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	3

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	30
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	3
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	8
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	3
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	23

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	6
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	3
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	6
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	3
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	8

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	14
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several months ago; There has been treatment or conservative therapy.; Instability, catching in the hip, pain, arthritis on x-ray and bursitis; Injection to the hip and is not improving, also had activity modifications and over the counter medication for several months	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically	Pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 7/2014; There has been treatment or conservative therapy.; severe, persistant pain in neck and lower back with radiculopathy. symptoms include numbness and weakness mainly on right side, nerve root impingement, developing neurogenic, bladder dysfunction; Physical Therapy, medication, trigger point injections, lifestyle modification	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had a MRI but it didn't show what the OP needs to see.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/9/2017; There has been treatment or conservative therapy.; pain on right side of back, groin pain,; Mobic	1

Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2016; There has been treatment or conservative therapy.; EXPERIENCE OF PAIN AND NUMBESS, MADE WORSE BY WALKING AND STANDING; NSAIDS, TRAMADOL, HOME EXERSICE, HEAT/ICE THERAPY ON BACK AND LEG	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 7/2014; There has been treatment or conservative therapy.; severe, persistant pain in neck and lower back with radiculopathy. symptoms include numbness and weakness mainly on right side, nerve root impingement, developing neurogenic, bladder dysfunction; Physical Therapy, medication, trigger point injections, lifestyle modification	1
Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205				
<hr/>   PATIENT: Crystal Denley MED REC NUM: 000000279633 DATE OF BIRTH: 07/01/1974 AGE: 42 Years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/16/2016; There has been treatment or conservative therapy.; 42-year-old female status post lumbar fusion. Her main complaint is low back pain. The pain does radiate to bilateral buttocks most pain is in the low back. She recently started cotherapy which is getting some improvement.  Recommend CT lumbar spine ; Oral/IM steroids NSAID therapy Physical therapy Home Exercise program				
Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; limited rotation on right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Dec 1st 2016; There has been treatment or conservative therapy.; Numbness and tingling in both hands, and in right leg, chronic low back pain, difficulty getting out of bed because of numbness and weakness.; home exercises, NSAIDS,	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Over 1 year ago.; There has been treatment or conservative therapy.; Shoulder pain, tenderness.; Physical therapy, injections.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LUE: 2+ radial pulse, SILT in all distributions but diminished in ulnar distribution of SF, 4/5 strength with wrist extension and elbow extension, 5/5 strength in all other distributions; weakness with wrist extension and elbow extension; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Motor Weakness with flexion and abduction due to pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He does have some weakness and numbness and tingling of the right upper extremity therefore we will need to get MRI scan of his cervical spine as well to rule out cervical pathology.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 08/25/2015; There has been treatment or conservative therapy.; incapacitating pain in neck, back, buttocks and legs, weakness and numbness in bilateral neck, upper back, lumbar back and gluteal area. symptom include, balance disturbances, decreased mobility, gait disturbance, hand clumsiness, spasms and tenderness; non steroidal anti inflammatory medications, lifestyle modifications, spinal therapy, trigger point injections and surgical intervention	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/01/12017; There has been treatment or conservative therapy.; neck and shoulder pain with radiculopathy and nerve impingement; Physical therapy, cervical traction HISTORY OF PRESENT ILLNESS: Eddie comes in today for an evaluation of his left shoulder. He has had some left shoulder pain. He said for a week and a half he has had sharp pain in his shoulder when he moves it in certain way. Pain goes all the way dow; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	incomplete emptying of bladder, increased urinary frequency and urgency, and clumsiness of gait;; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; long history of neck pain and achiness, with numbness radiating down the right arm. He has become increasingly unsteady on his feet, has some clumsiness with use of his hands, has intermittent perineal numbness, and increasing urinary frequency and urgenc; Ibuprofen and hydrocodone. Patient just started physical therapy.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. Wilder is a 46 year old female who returns today for followup of nonoperative treatment of bilateral shoulder pain with previous MRI reports in late 2016 showing tendinopathy in the IS tendon in both shoulders and previous injection, therapy and norma; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Worse part of the pain is from the AC joint radiating down to the volar forearm with some drawing of the hand.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain and radiculopathy; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; neck pain and dec rom, lue radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain w radiculopathy, for several weeks, non responsive to nsaid and conservative treatment; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; neck pain w LUE radiculopathy. pain transfers to rhomboid and trapezius; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain w RUE radiculopathy, pt being sent to a neurosurgeon and needs mri before app can be made; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has been having neck pain with tingling and numbness radiating down both arms into their hands. physical therapy and nsaid have not helped. patient will be referred to a neurosurgeon once the mri is completed.; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had progressive pain with numbness and stiffness for many years, right hand experiencing numbness, patient has had therapy and anti-inflammatories, patient states pain is 7 on 1-10 scale; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had right shoulder pain and has had injections that helped a little over a month and now the pain is back. Patient has is own landscaping company and has to use it constantly.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has little to no use of her right upper extremity. The right shoulder surgery did not help and she continues to have right shoulder pain and neck pain with numbness and weakness of the right upper extremity. She has had an injection and NSAIDS. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient's initial onset with shoulder and neck pain was on 08/10/2016.; There has been treatment or conservative therapy.; Right shoulder stiffness, decrease range of motion, and pain. The pain radiates into her neck and she has right upper extremity numbness and weakness; Patient has had right shoulder A&A with biceps tenotomy and debridement on 8/23/16.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is has a 4-6 week history of pain. Patient is having paresthesia that radiates into the shoulders and hands. Patient is taking gabapentin,cyclobenzaprine and diclofenac.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having pain that radiates from the neck down to the shoulder and is constant. Patient is having limited range of motion. Patient is taking hydrocodone and Flexeril.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O herniated disc; This study is being ordered for trauma or injury.; 12/7/2016; There has been treatment or conservative therapy.; Neck and back pain, difficulty walking or sitting for long periods, numbness and tingling of extremities; physical therapy, medication	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The pain is described as sharp, achy pain that is intermittent and 4-6 out of 10 in severity. The pain is worse with overhead activity and reaching behind and better with rest and medications. recommend a MRI of RT shoulder to R/O RCT and MRI C/Spin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12.02.2016; There has not been any treatment or conservative therapy.; RIGHT shoulder pain for approximately 1 month. Pt complains of pain at night. Some occasional numbness and tingling to his fingers.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; it is not known if the patient demonstrate neurological deficits.;	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknoww; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient had a previous surgery on the rotator cuff, weakness in the arm and tenderness and dr is trying to rule out nerve pathology patient has tingling radiating to the shoulder; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	will fax clinicals if needed.; This study is being ordered for a neurological disorder.; has been chronic on and off for ten years. More recently in the past two weeks has had leg and hand numbness and inflexibility in knees and elbows which is affecting his daily life.; There has been treatment or conservative therapy.; pain numbness decreased flexibility xrays show degenerative disc disease in cervical spine and lumbar spine with large osteophytes. Loss of muscle strength in legs and trapizus due to radicular symptoms of his back and neck. Trouble grabing things. Troubl; Chiropractic therapy for many years, unknown start date.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Chronic thoracic pain despite NSAIDs	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; can't stand, sit, bend; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; diffused weakness in lft leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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 not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	3
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Dec 1st 2016; There has been treatment or conservative therapy.; Numbness and tingling in both hands, and in right leg, chronic low back pain, difficulty getting out of bed because of numbness and weakness,; home exercises, NSAIDS,	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; pain; medication, home exercise	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2016; There has been treatment or conservative therapy.; EXPERIENCE OF PAIN AND NUMBESS, MADE WORSE BY WALKING AND STANDING; NSAIDS, TRAMADOL, HOME EXERSICE, HEAT/ICE THERAPY ON BACK AND LEG	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; DICLOFENAC; CYMBALTA	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; 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.; Zanaflex 4mg	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient had extremely positive straight leg raise test on the right, and possible weakness in the distal part of her leg. Patient is having numbness and tingling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 08/25/2015; There has been treatment or conservative therapy.; incapacitating pain in neck, back, buttocks and legs, weakness and numbness in bilateral neck, upper back, lumbar back and gluteal area. symptom include, balance disturbances, decreased mobility, gait disturbance, hand clumsiness, spasms and tenderness; non steroidal anti inflammatory medications, lifestyle modifications, spinal therapy, trigger point injections and surgical intervention	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	03-15-17; She is complaining of some continued low back pain and some pain and goes down her legs into her hips. She has pain over the lateral aspect of her hips. She has done physical therapy for this but has not significantly improved. She is asking about; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Meloxicam; Gabapentin; Methocarbamol	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	60 yr old female patient w/ pain.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in lower extremities; bilateral; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal nerve conduction study.; This study is being ordered for a neurological disorder.; unknown, ongoing pain; There has been treatment or conservative therapy.; low back pain, knee pain. instability. right hip pain; knee replacement. walker. cane	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	An MRI of the patient's lumbar spine dated May 25, 2016 was reviewed with the MRI demonstrating an apparent small left paracentral disc protrusion at the L5-S1 level causing some apparent impingement on the left S1 nerve root.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	  PATIENT: Crystal Denley  MED REC NUM: 000000279633  DATE OF BIRTH: 07/01/1974  AGE: 42 Years ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/16/2016; There has been treatment or conservative therapy.; 42-year-old female status post lumbar fusion. Her main complaint is low back pain. The pain does radiate to bilateral buttocks most pain is in the low back. She recently started cotherapy which is getting some improvement.   Recommend CT lumbar spine ; Oral/IM steroids  NSAID therapy  Physical therapy  Home Exercise program	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	DOROTHY SPENCER  03/16/2017  CASE SUMMARY: 58-year-old complains of right hip pain. She fell several years ago injuring her back and hip. She has had problems with both regions ever since. This has gone from an intermittent problem to one of constant ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has been treatment or conservative therapy.; DOROTHY SPENCER  03/16/2017  CASE SUMMARY: 58-year-old complains of right hip pain. She fell several years ago injuring her back and hip. She has had problems with both regions ever since. This has gone from an intermittent problem to one of constant ; exercise and pain medication	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	had therapy , steroids ,; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; positive strike leg raise on the Left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	history of low back pain and previously attended PT with some improvement but continues to have weakness in the right leg with tingling in the foot. He has a mildly positive right sided straight leg raise and there is enough suspicion to order MRI of the ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the right leg with tingling in the foot, has a mildly positive right sided straight leg raise and there is enough suspicion to order MRI of the lumbar spine; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	incomplete emptying of bladder, increased urinary frequency and urgency, and clumsiness of gait,; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; long history of neck pain and achiness, with numbness radiating down the right arm. He has become increasingly unsteady on his feet, has some clumsiness with use of his hands, has intermittent perineal numbness, and increasing urinary frequency and urgenc; Ibuprofen and hydrocodone. Patient just started physical therapy.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Injection was given on 11-14-16 with no relief . severe pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Limited range of motion in back and severe pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lower back pain that is sharp for 4 months with popping and is worsening. Patient was weight lifting in Nov(dead lifts) and felt something pop in lower back. Patient has tried 2 wks of physical therapy and also Hydrocodene and muscle relaxers; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NUMBNESS; This study is being ordered for trauma or injury.; 01/21/2017; There has been treatment or conservative therapy.; RADIATING PAIN DOWN THE LEFT SIDE, TENDER OF THE SUBGLUDIAL REGION ON THE RIGHT AND LEFT SACROILIAC JOINT., WEAKNESS, WALKS WITH A LIMB; NSAIDS, INJECTION, CHANGE IN ACTIVITY, X-RAY PERFORMED	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has failed 6 weeks of conservative care and continues to get worse; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having trouble standing, walking and bending; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has increasing pain of unknown origin. Has sought relief from her Pcp, ER, and now from Dr. Wilson in orthopedics; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is experiencing severe and persistent pain with weakness and numbness in the lumbar area and right thigh and leg. Patient is having gait disturbances with spasms and instability; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Location of weakness/numbness is in the lumbar area and right thigh and leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents to clinic today with a history of low back pain that he's had since "childhood" symptoms been worse are in the last 3 weeks. In the last 2 weeks she's had some left thigh and calf pain. He's had no GU or GI symptoms. When asked coughing a; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Plain x-rays of the hips were made before I saw him and he has mild degenerative changes but no significant narrowing or sclerosis or cyst formation. X-rays of the lumbar spine were then made which do show narrowing and osteophyte formation at the L4-5 l; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This patient is new to me. He is 59 years of age and has a architect with the Taggart firm. About 3 months ago he started to experience pain primarily behind the right hip and a little bit on the left as well that was very severe and related to activity; There has been treatment or conservative therapy.; piercing sharp throbbing pain in bilateral hips towards the buttock area.; patient has done physical therapy along with NSAIDS	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt having lbp and rt hip pain for over 5 years. pt has had recent injection to hip and still having pain and radiculopathy symptoms. need mri of hip to eval oa and source of rt hip pain. its' thought pt has separate problem in lumbar spine.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt suffers with back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O herniated disc; This study is being ordered for trauma or injury.; 12/7/2016; There has been treatment or conservative therapy.; Neck and back pain, difficulty walking or sitting for long periods, numbness and tingling of extremities; physical therapy, medication tenderness of the lumbar area and tenderness of the sacrum.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	tenderness of the spinous process at L 5, tenderness of the transverse process on the right at L 5, tenderness of the sacral promontory, tenderness of the sacrum, tenderness of the sciatic notch, tenderness of the ischial tuberosity, tenderness of th; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The physical exam reveals that he is well-developed well-nourished and walks with a cane in his right hand. He has a Klenzak double upright spring-loaded brace on his left leg for dropfoot deformity. He does not have a Trendelenburg gait. He has no vis; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; He is here about his right hip pain which is becoming progressively worse. He has had a number of injuries including falls and also being hit by an automobile on the right side.; physical therapy for a long time without benefit	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	the pt is having ongoing lower back pain for several years; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	5
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tingling of the lateral left arm. Neck pain in left trapezius and radiating down the left arm. Lower back pain bilaterally, midline, worsens with bending, and chronic duration. Cervical spine and lumbar spine exhibited midline tenderness on palpation. Ran; This study is being ordered for a neurological disorder.; 01/1982; It is not known if there has been any treatment or conservative therapy.; Tingling of the lateral left arm. Neck pain in left trapezius and radiating down the left arm. Lower back pain bilaterally, midline, worsens with bending, and chronic duration. Cervical spine and lumbar spine exhibited midline tenderness on palpation. Ran	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness in her toes, pain radiating down both thighs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	will fax clinicals if needed.; This study is being ordered for a neurological disorder.; has been chronic on and off for ten years. More recently in the past two weeks has had leg and hand numbness and inflexibility in knees and elbows which is affecting his daily life.; There has been treatment or conservative therapy.; pain numbness decreased flexibility xrays show degenerative disc disease in cervical spine and lumbar spine with large osteophytes. Loss of muscle strength in legs and trapizus due to radicular symptoms of his back and neck. Trouble grabing things. Troubl; Chiropractic therapy for many years, unknown start date.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	will fax; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	will fax; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically	Possible sacral fracture; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	rt hip pain for several weeks, rt hip instability; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1

Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Abnormal nerve conduction study.; This study is being ordered for a neurological disorder.; unknown, ongoing pain; There has been treatment or conservative therapy.; low back pain, knee pain. instability. right hip pain; knee replacement. walker. cane	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	possible avn; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Possible torn rotator cuff tear.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2016; There has been treatment or conservative therapy.; Can't reach above head Effected side pain while sleeping Weakness and tenderness in shoulder Snapping sounds when moving shoulder; Has had physical therapy, nsaid, and cortisone injections. Symptoms are worsening.	1
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	2
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	1
Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	Carpal tunnel syndrome.; This study is being ordered for a neurological disorder.; 02/01/2016; It is not known if there has been any treatment or conservative therapy.; Weakness, numbness, instability in the thumbs, aching stabbing throbbing in the hands and tenderness in the CMC joint.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The 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.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Over 1 year ago.; There has been treatment or conservative therapy.; Shoulder pain, tenderness.; Physical therapy, injections.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/7/2016; There has been treatment or conservative therapy.; pain, limited range of motion in shoulder and hand, numbness in the hand and thumb x ray showed changes at the AC joint wrist xray negative scapho; at home exercises	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	LEFT WRIST PAIN.  ARTHRALGIA- LEFT ULNA/RADIUS/WRIST; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient had a fall and has increased pain swelling and is unable to raise her shoulder.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has very limited motion of the shoulder. Has history of cervical spine stenosis with past surgical intervention. Cannot tell if it is possibly all rotator cuff or all nerve impingement without MRI scans; This study is being ordered for a neurological disorder.; 8/11/2015; There has been treatment or conservative therapy.; severe pain in neck and shoulder. numbness in the arm, hands, fingers and weakness in the whole body; Physical therapy, medications and injections	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Possible torn rotator cuff tear.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2016; There has been treatment or conservative therapy.; Can't reach above head Effected side pain while sleeping Weakness and tenderness in shoulder Snapping sounds when moving shoulder; Has had physical therapy, nsaid, and cortisone injections. Symptoms are worsening.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	R/O fracture; This study is being ordered for trauma or injury.; 11/21/2016; There has been treatment or conservative therapy.; Sharp, throbbing, aching pain, aggravated by movement; Physical therapy	2
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	She fell at church landing with all of her weight on her outstretched right wrist and right knee. On physical exam of the right wrist, Moderate tenderness over the TFCC and pain with wrist flexion, extension, ulnar deviation. On physical exam of the righ; This study is being ordered for trauma or injury.; December 2016; There has been treatment or conservative therapy.; Pain, swelling and weakness in the right wrist. Pain and limited range of motion with crepitus of the right knee.; Rest, bracing, anti-inflammatory medication (ibuprofen), and pain medication (hydrocodone).	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	swelling, popping/clicking, and grinding. tenderness of the clavicle medial two-thirds, tenderness of the coracoid process, tenderness of the acromial, tenderness of the bicipital groove  limited, forward flexion (90 deg.), extension (20 deg.), e; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The pain is described as sharp, achy pain that is intermittent and 4-6 out of 10 in severity.  The pain is worse with overhead activity and reaching behind and better with rest and medications.  recommend a MRI of RT shoulder to R/O RCT and MRI C/Spin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12.02.2016; There has not been any treatment or conservative therapy.; RIGHT shoulder pain for approximately 1 month. Pt complains of pain at night. Some occasional numbness and tingling to his fingers.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The patient is having right shoulder pain, swelling, clicking, popping, tingling and weakness since January 2016 that has worsened in the past few months. Patient has not improved with use of Anti-inflammatory medication (ibuprofen). On physical exam, M; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	POSSIBLE COALITION OF THE TARSAL BONES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/17/16; There has been treatment or conservative therapy.; PAIN, BILATERAL PLANOVALGUS FEET, TENDERNESS TO PALPATION OVER THE MEDIAL MALLEOLUS, ENLARGEMENT IN THE MEDIAL SIDE OF HIS ANKLE IN THE REGION OF THE PREVIOUS INJURY, SEEMS THE PLANOVALGUS FOOT ON THE RIGHT IS SLIGHTLY MORE SEVERE THAN THE LEFT, HE IS UNA; CASTING	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; ; This is a request for a bilateral ankle MRI.	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; pain; medication, home exercise	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; DEPO-Medrol 40 mg/mL suspension for injection   Take by injection route.  08/19/16 administered Philip Johnson, MD   lisinopril  06/23/15 entered Cody Burke   lisinopril 40 mg tablet  01/27/17 filled Caremark   metronIDAZOLE 0.75; The patient received medication other than joint injections(s) or oral analgesics.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	A 46-year-old white female, realtor in North Little Rock who walks about three miles a day four days ago, was during her walking in the morning, noticed a sudden excruciating pain in the posteromedial aspect of the left knee which kept her from finishing ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	a dog ran into the patient, the patient's knee gave way, x rays were done and in normal limits; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Effusion; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. os trigonum syndrome developed plantar heel pain; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	I recommend MRI to R/O MMT; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; It is not known what type of medication the patient received.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	last mth pt stepped off ladder wrong and injured his ankle. painful ROM, pain at insertion of Achilles, eval for tendon tear from injury; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Left knee pain despite conservative treatment with PT, bracing and NSAID; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	left knee pain with loose body. patient complains of clicking and locking of knee. previous knee arthroscopy in 2015 with loose body excision at that time as well; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	mild osteoarthritis; sharp, stabbing pain worse with activity, better with rest; locking and catching of knee and giving out while ambulating; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient had an injury to his right knee. Knee has persistent swelling and pain. No improvement with conservative treatment such as rest ice and elevation and narcotics.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Positive lachman's test, inj, R/O ACL tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Positive McMurreys, positive effusion, plain films normal, episode of locking and could not bear weight on it.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Right knee is painful anteriorly and posteriorly, medially and laterally. Pain is with most of my examination maneuvers. I did perform McMurray testing and I was unable to reproduce any mechanical symptoms though with varus loading of the knee really set; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	RIGHT knee pain secondary to internal derangement   Plan: I recommend MRI for internal derangement.; This is a request for a Knee MRI.; It is not known if the study is requested for knee pain; The study is not requested for any of the standard indications for Knee MRI	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Right knee: Has a well-healed scar over the anterior knee. Some mild swelling of the knee. General flex and extend the knee fully. He has some mild crepitus of the patellofemoral joint with range of motion. He has some mild tenderness along the medial joi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/20/2015; There has been treatment or conservative therapy.; Right knee: Has a well-healed scar over the anterior knee. Some mild swelling of the knee. General flex and extend the knee fully. He has some mild crepitus of the patellofemoral joint with range of motion. He has some mild tenderness along the medial joi; Meloxicam Physical therapy  Since he is failed to improve and agrees to get an MRI of his knees and see if there is any evidence of meniscus tear that we can treated with an arthroscopic procedure. I will set this up and see him back after the MRI go o	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	She fell at church landing with all of her weight on her outstretched right wrist and right knee. On physical exam of the right wrist, Moderate tenderness over the TFCC and pain with wrist flexion, extension, ulnar deviation. On physical exam of the righ; This study is being ordered for trauma or injury.; December 2016; There has been treatment or conservative therapy.; Pain, swelling and weakness in the right wrist. Pain and limited range of motion with crepitus of the right knee.; Rest, bracing, anti-inflammatory medication (ibuprofen), and pain medication (hydrocodone).	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Stacey Denney is a 48-year-old housekeeper with complaints of right knee posterior pain/popping sensation over the past several weeks without antecedent trauma. Her workday requires considerable squatting/kneeling and stair climbing. Symptoms have been un; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	the pt is continuing to have pain in both knees; This study is being ordered for trauma or injury.; 06/06/2016; There has been treatment or conservative therapy.; pain and numbness in both knees; surgery, therapy and medications	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This 46-year-old white female who has been followed for left knee pain denied an MRI and has been getting physical therapy, was involved in motor vehicle accident on 01/16 driving a Ford AH in the parking lot at WalMart in Sherwood. Her car was totaled wh; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	4
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This Oriental male has left foot pain of several weeks duration and I feel that despite the fact that his x-rays taken elsewhere are negative because of the persistent pain an MRI is indicated. We will schedule him for an MRI of the left foot.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 11/14/2016; There has been treatment or conservative therapy.; Discomfort in the right leg, pain, pain with normal activity, tightness in the right leg, physical examination full slight discomfort, muscle tendon junction on the right side of the calf; Medication since 11/16, Physical Therapy	3
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 01/30/2017; There has been treatment or conservative therapy.; persistent pain in foot, limited pain in motion, swelling, inability to expand knee, positive McMurray; Naproxen, Hydrocodone for 8 weeks and had PT 6 weeks no improvement	1

Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	DOROTHY SPENCER; 03/16/2017; CASE SUMMARY: 58-year-old complains of right hip pain. She fell several years ago injuring her back and hip. She has had problems with both regions ever since. This has gone from an intermittent problem to one of constant ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has been treatment or conservative therapy.; DOROTHY SPENCER; 03/16/2017; CASE SUMMARY: 58-year-old complains of right hip pain. She fell several years ago injuring her back and hip. She has had problems with both regions ever since. This has gone from an intermittent problem to one of constant ; exercise and pain medication	2
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	painful knee with early OA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has been treatment or conservative therapy.; swelling, locking, giving way, heat, stiffness; Pain medication, home exercise	2
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Patient states pain started in 2007. Recalls no injury. X-ray was performed on 02/10/2017 showing cam lesions of femoral neck of right hip. Right hip exam showed deformity FAI cam type. Motion was abnormal. Rotation limited. Pain was elicited by motion. ; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Plain x-rays of the hips were made before I saw him and he has mild degenerative changes but no significant narrowing or sclerosis or cyst formation.; X-rays of the lumbar spine were then made which do show narrowing and osteophyte formation at the L4-5 l; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This patient is new to me. He is 59 years of age and has a architect with the Taggart firm. About 3 months ago he started to experience pain primarily behind the right hip and a little bit on the left as well that was very severe and related to activity; There has been treatment or conservative therapy.; piercing sharp throbbing pain In bilateral hips towards the buttock area.; patient has done physical therapy along with NSAIDS	2
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	QUESTIONABLE STRESS FRACTURE VS ABDUCTOR TEAR PAST FALL.; This is a requests for a hip MRI.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1

Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	The physical exam reveals that he is well-developed well-nourished and walks with a cane in his right hand. He has a Klenzak double upright spring-loaded brace on his left leg for dropfoot deformity. He does not have a Trendelenburg gait. He has no vis; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; He is here about his right hip pain which is becoming progressively worse. He has had a number of injuries including falls and also being hit by an automobile on the right side.; physical therapy for a long time without benefit	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/9/2017; There has been treatment or conservative therapy.; pain on right side of back, groin pain;; Mobic	1
Approval	71250 CT CHEST, THORAX		< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; <Enter Additional Clinical Information>	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	abdominal pain gallbladder surgery sept 2016 pain and nausea since; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	This is a request for a temporomandibular joint MRI. Facial numbness, slurred speech, HA, to rule out CVA; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	5
Approval	70450 CT BRAIN, HEAD 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	possible tooth impaction of lower anterior; "This request is for face, jaw, mandible CT.239.8"; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	continued pain in back and neck and shoulder with no improvement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 30 2016; There has been treatment or conservative therapy.; neck pain pain upper back shoulder pain pain in spine; physical therapy	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	continued pain in back and neck and shoulder with no improvement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 30 2016; There has been treatment or conservative therapy.; neck pain pain upper back shoulder pain pain in spine; physical therapy	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt had xray showing joint space abnormalities; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	3
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/8/17; It is not known if there has been any treatment or conservative therapy.; ulcer	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	lytic bone lesion right ankle shown on xrays and recognized ankle pain with area.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pain with palpation along anterior lateral and anterior medial ankle and pain with palpation of deltoid ligament.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pain with palpation along peroneal tendons right ankle, mildly positive drawer test without pain on palpation of anterior ankle, ATFL, CFL.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Unknown; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray are unknown.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	xrays show no abnormalities. patient has alot of ankle instability, injured ankle 1 year ago and reinjured about a month ago.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	xrays were performed showing no acute osseous abnormalities. There is a painful palpable mass on medial left foot.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Abnormal X-ray	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Epigastric swelling, mass or lump; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1
Disapproval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	Radiology Services Denied Not Medically	This is a request for a temporomandibular joint MRI.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	2
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Radiology Services	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; Back pain for 12 years, hx of degenerative disc disease; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Denied Not Medically Necessary		1
			unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
			unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
			swelling and pain to the right knee lots of standing at work tenderness to the right knee; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
			unknown; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1
Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Otitis media , congestion, loss of smell; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/20/2016; There has been treatment or conservative therapy.; tinnitus, occipital head aches; antibiotics, steroid Tx	1
Approval	70450 CT BRAIN, HEAD		She does have occasional bilateral ringing tinnitus; She also has seasonal allergies and has had some sinusitis.; Patient has unsteadiness with standing up from laying down; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has dizziness and chronic sinusitis; There has been treatment or conservative therapy.; Patient cannot clear ears with valsalva. She may have some difficulty with hearing. She does have occasional bilateral ringing tinnitus and dizziness; She also has seasonal allergies and has had some sinusitis; Patient reports bilateral otic fullness and dull moderate otalgia for about 5 months. Patient cannot clear ears with valsalva. She may have some difficulty with hearing. She does have occasional bilateral ringing tinnitus. She has been treated with antibi	1

Approval	70450 CT BRAIN, HEAD	The patient is a 46 year old male who reports phantasmia of smoke or exhaust smell a couple of times a day several times a week for about a year. He has itchy, watery eyes and blurred vision associated with this. He also has dripping rhinorrhea and PND. H; This study is being ordered for Inflammatory/ Infectious Disease.; The patient is a 46 year old male who reports phantasmia of smoke or exhaust smell a couple of times a day several times a week for about a year. He has itchy, watery eyes and blurred vision associated with this. He also has dripping rhinorrhea and PND. H; There has been treatment or conservative therapy.; The patient is a 46 year old male who reports phantasmia of smoke or exhaust smell a couple of times a day several times a week for about a year. He has itchy, watery eyes and blurred vision associated with this. He also has dripping rhinorrhea and PND. H; The patient is a 46 year old male who reports phantasmia of smoke or exhaust smell a couple of times a day several times a week for about a year. He has itchy, watery eyes and blurred vision associated with this. He also has dripping rhinorrhea and PND. H	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	8
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	4

Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct"	2
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	58
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	2
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	; This study is being ordered for Inflammatory/ Infectious Disease.; Pt with over 4 week c/o right ear pain, radiating into neck with swollen sensation of the neck. She has been on abxs without improvement. Trying to rule out cholsteatoma or other occult problem. Anesthesia nose was anesthetized with Lidocaine spray, and d; There has been treatment or conservative therapy.; right ear pain, radiating into neck with swollen sensation of the neck.; The patient has been on antibiotics and steroids with no relief. The symptoms are worsening.	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	This is a request for an Internal Auditory Canal CT.; There is a suspected cholesteatoma of the ear.; The patient had a recent abnormal auditory brainstem response.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1

Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC. 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	This is a request for an Internal Auditory Canal CT.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST		4
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; "Yes this is a request for a Diagnostic CT "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	6
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	5
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	2

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	6
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	. deviated septum to the left side. Polyps in the middle meatus on each side; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	7
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	43 year old male presents for constant drainage and ear pressure. He has been given Amoxicillin within the past 2 months to clear up a sinus infection. He has been using Naosix and Zyrtec, Allerga with some improvement. He has been have PND that is yellow; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	additional ICD-10 code k12.1; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	change in smell The patient is a 54 year old self-referred female who reports her sense of taste and smell have been altered since October 2016. She first noticed that she was smelling an altered scent from perfumes. She then noticed that cookies tasted ; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	chronic / recurrent acute sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	chronic sinusitis 37 year old female referred from Dr. Deere for chronic sinus infections. Pt reports she has had issues with sinus infections for most of her life. Her symptoms have increased in frequency and severity over the last 3-5 years. She gets a; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Chronic sinusitis , talking medication, have had 3 rounds of antibiotics.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Enter answer here - or Type In Unknown; Relevant Physical Findings: - dns to left, no polyps, no infection; - head and neck exam benign; - no obvious source for episxtaxis seen ; ; PLAN: ; 1. Recurrent epistaxis. ; 2. Recurrent sinusitis. ; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	facial pressure.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	For 2 years, he has had the sensation of right aural fullness, right facial pressure, postnasal drip, and neck discomfort. He has been told this was due to Eustachian tube dysfunction. Ear tubes were offered by another practice. Audiogram today shows a no; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	forehead mass; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Hx of sinus problems for decades, nasal congestion , facial pain,pressure; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	I think she needs a CT scan of her sinuses without contrast to evaluate the maxillary sinus and this implant. Should this be normal, we would consider treating with amitriptyline for both migraine prophylaxis as well as trigeminal neuralgia. If this is in; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	inverted papilloma right maxillary antrostomy; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Long history of nasal obstruction unresponsive to aggressive medical therapy including multiple rounds of antibiotics, steroid nasal spray and a histamine and decongestant.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	LOSS OF SMELL; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Low level nose bleed that is frequent. About 3 times a week. Hx of polyps, could not get an endoscope in his nose during exam, this CT is being ordered.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	mass in neck, neck pain on exam, mass in nasal cavity; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	noine; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Patient has recurrent sinusitis for 10 years. Treated with antibiotics each time; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks) Patient is experiencing nasal obstruction, sinus headaches with facial pressure.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Patient with long h/o sinus problems. Has had 7 rounds of antibiotics in 2016. Last round of antibiotics given was started on 12/20/16. Patient suffering from post nasal drip and nasal congestion.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Possible obstruction of the Choanae. Sinus xray 12/26/16 that showed bilateral ethmoid and maxillary sinusitis. Been on antibiotics from MDO. failed nasal spray, antihistamines, and steroids.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment Pt has chronic sinusitis for several months; has tried 5 antibiotics and it hasn't helped; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	recurrent sinusitis, condition not improving with medications; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Several months of serous otitis mid facial pain pressure congestion and nasal structure and thought to be sinusitis. The patient has had multiple rounds of antibiotics.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	She does have occasional bilateral ringing tinnitus; She also has seasonal allergies and has had some sinusitis.; Patient has unsteadiness with standing up from laying down; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has dizziness and chronic sinusitis; There has been treatment or conservative therapy.; Patient cannot clear ears with valsalva. She may have some difficulty with hearing. She does have occasional bilateral ringing tinnitus and dizziness; She also has seasonal allergies and has had some sinusitis; Patient reports bilateral otic fullness and dull moderate otalgia for about 5 months. Patient cannot clear ears with valsalva. She may have some difficulty with hearing. She does have occasional bilateral ringing tinnitus. She has been treated with antibi	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	She has had about 10 episodes of sinusitis in the past year. Patient has been treated with multiple courses of antibiotics including a Z-pak and Augmentin. She also uses flonase. She has allergies that are worse with changes in the weather. She has not ha; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	She was last jere on 03/14/16 with complaints of headaches, ear pressure and sinus pressure along with tinnitus. She was to have MRI brain and referred to neurology. She says she is still having the same symptoms and just finished doxycycline and a MDP. S; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Sunny M. Huynh is referred by Dr Roger Green. Her reason for this visit is eval sinuses. Her problem has been present for appr 10 years. She describes the problem as moderate to severe. She describes the symptoms as pain and pressure in sinuses, f; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	The patient has had 2-3 episodes of recurrent chronic sinusitis for several years. Symptoms improve temporarily with antibiotics but never completely resolve. He has a deviated nasal septum and hypertrophy of the nasal turbinates; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	The patient has had recurrent sinusitis for 20 years. She has had 10 rounds of antibiotics in the past 6 months. She c/o nasal congestion, watery eyes, green nasal discharge, stuffy ears, and sore throat. Physical examination showed tenderness to maxillar; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	3
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	12
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for osteomyelitis.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.	6
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	30

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	3
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	21
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	6
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	8
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	41
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	155
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	6
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	36

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Treated with several rounds of antibiotics; steroids & Flonase. 4 or more times year. Continues to have headaches; facial pain & nasal drainage in spite of appropriate medical treatment.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	tried antibiotics; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/2016; There has not been any treatment or conservative therapy.; referred for surgical consultation for mass growing x 1 year, no pain, no prior trauma face, trauma is to the legs	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		3
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; Pt with over 4 week c/o right ear pain, radiating into neck with swollen sensation of the neck. She has been on abxs without improvement. Trying to rule out cholesteatoma or other occult problem. Anesthesia nose was anesthetized with Lidocaine spray, and d; There has been treatment or conservative therapy.; right ear pain, radiating into neck with swollen sensation of the neck.; The patient has been on antibiotics and steroids with no relief. The symptoms are worsening.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2 cm neck mass from past ct. History of ovarian cancer.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	concerned about her airway, I will obtain a CT neck without contrast with fine cut of larynx/trachea  swollen supraglottis; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Evaluate lymph nodes. He is here today with mom and she says has had swollen lymph nodes under neck for the past 6 months. He says they are not tender. He says he had the flu in August and has not felt well since. He keeps fevers, fatigue ,nasal congestio; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	He has Neck cancer; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Large slowly enlarging left neck mass possible tail of parotid vs brachial cleft cyst vs adenopathy; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	lump or mass remains same after taking antibiotics; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	mass in neck, neck pain on exam, mass in nasal cavity; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	On examination, neck mass(es) is/are noted in 2-3 cm midline soft, compressible, moveable, nontender neck mass that elevates with swallow. 2-3 cm midline; soft, compressible, moveable, nontender neck mass that elevates with swallow; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	pt has a neck mass and cervical lymphadenopathy x yrs; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.	2
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	3
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	3
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	6
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	19
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	66

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/15/2017; There has not been any treatment or conservative therapy.; vocal cord paralysis < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2016; It is not known if there has been any treatment or conservative therapy; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years; There has not been any treatment or conservative therapy.; ringing in ears	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	R/O AVACULAR ANOMALLY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONE MONTH AGO; There has not been any treatment or conservative therapy.; PATEINT HEARS HER HEART BEATING IN HER RIGHT EAR	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2016; It is not known if there has been any treatment or conservative therapy.;	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		1

Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years; There has not been any treatment or conservative therapy.; ringing in ears	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	R/O AVACULAR ANOMALLY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONE MONTH AGO; There has not been any treatment or conservative therapy.; PATEINT HEARS HER HEART BEATING IN HER RIGHT EAR	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	2
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	2
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	PHYSICAL EXAMINATION: The patient has some facial asymmetry with movement. Minimal at rest and he does have few forehead wrinkles on the right. Wax in his left ear was removed under the microscope. Ears look normal. His audiogram today shows a mild-t; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	2
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	requested to bypass clinicals; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	3

Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	UNCLEAR ORIGIN OF CORD WEAKNESS THOUGH MAY DATE BACK TO OPEN HEART SURGERY; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; vertigo, dizziness, unsteady; medications, ; 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.;	1
Approval	70544 Mr angiography head w/o dye	There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70544 Mr angiography head w/o dye	unknown; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Approval	70547 Mr angiography neck w/o dye	The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		3

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	2

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; vertigo, dizziness, unsteady; medications,	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered. Ear pain, dizziness, left neck pain, radiates from ear, frequent h/a's more on left, ears popping, meds no relief, tinnitus.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hearing loss; suspect tumor; loud tinnitus; ongoing for many yrs.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Nasal Eval The patient is a 23 year old female with a history of nasal obstruction and nasal deformity who underwent open functional septorhinoplasty with turbinate reduction on 2/17/16. Patient reports she intermittently has an odor in nose that at time; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient had CT that showed abnormalities; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt states she has migraines headaches but this time its different and she has had a constant headache for 2 weeks. Has weak sense of smell and taste.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiologist that read last MRI said due to abnormal MRI of the head it needs to be repeated in three months; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	recurrent sinusitis, causing insomnia, chronic burning sensation in the throat, antibiotics are not helping, decrease in hearing,; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	requested to bypass clinicals; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ringing in ear; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	58
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	7
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	9
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	vertigo; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	chest x-ray performed no signs of pneumonia. radiologist reccomends chest ct; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01-03-2017; There has been treatment or conservative therapy.; coughing up significant amounts of mucus. throwing up significant amounts of mucus that have been swallowed. coughing to the point right side is painful when breathing and coughing; 1. antibiotics 2. steroid injection	1

Approval	71250 CT CHEST, THORAX	chronic cough for past year or more, only minor benefit to inhalers though worse without, has had PFTs done with no asthma noted, cough is non-productive other than in morning will have 1/4 cup clear drainage, denies sinus headaches or nasal congestion ch; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient has history of suspicious mass in chest area and now with enlargement lymph nodes in neck area we wish to look at chest area too.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pt had a fine needle aspirate of the neck 2 weeks ago.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/15/2017; There has not been any treatment or conservative therapy.; vocal cord paralysis	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1

Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/2016; There has not been any treatment or conservative therapy.; referred for surgical consultation for mass growing x 1 year, no pain, no prior trauma face, trauma is to the legs	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.	2
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Rule Out mass.; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; meds only	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	prescribed antibiotics but pain continued; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Infection or Inflammation; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	3
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT. has sinus pressure and pain. fever off and on. been taking anti histamine . Chronic rhinitis ear pain and pressure; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	1

Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Kyeler W. Harlan is a 10 year old Caucasian/White male that presents at this time for f/u. He has been taking grastek since 03/2016. He has had headaches 3 x this week. The headaches are located across his forehead. w/o visual disturbance nor nausea. impr; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Otitis media , congestion, loss of smell; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/20/2016; There has been treatment or conservative therapy.; tinnitus, occipital head aches; antibiotics, steroid Tx	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had at least one sinus infection with purulent sinus drainage monthly for the last 12 months. Patient is treated with oral antibiotics but symptoms do not completely resolve.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has been on Flonase for the past but still having symptoms/ has taken over the counter medications/ Tested 3 times for allergy testing and all 3 were negative/ headaches with some facial pressure frequently; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt. have popping ears, 3 allergy test negative,; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is a 46 year old male who reports phantasmia of smoke or exhaust smell a couple of times a day several times a week for about a year. He has itchy, watery eyes and blurred vision associated with this. He also has dripping rhinorrhea and PND. H; This study is being ordered for Inflammatory/ Infectious Disease.; The patient is a 46 year old male who reports phantasmia of smoke or exhaust smell a couple of times a day several times a week for about a year. He has itchy, watery eyes and blurred vision associated with this. He also has dripping rhinorrhea and PND. H; There has been treatment or conservative therapy.; The patient is a 46 year old male who reports phantasmia of smoke or exhaust smell a couple of times a day several times a week for about a year. He has itchy, watery eyes and blurred vision associated with this. He also has dripping rhinorrhea and PND. H; The patient is a 46 year old male who reports phantasmia of smoke or exhaust smell a couple of times a day several times a week for about a year. He has itchy, watery eyes and blurred vision associated with this. He also has dripping rhinorrhea and PND. H	1

Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	We will do an antibiotic and get a sinus CT to rule out sinus disease. He agreed. IF ct NORMAL   we will pursue atypical sinus migraines and LPR. He agreed; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Rule Out mass.; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1

Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	PHYSICAL EXAMINATION: The patient has some facial asymmetry with movement. Minimal at rest and he does have few forehead wrinkles on the right. Wax in his left ear was removed under the microscope. Ears look normal. His audiogram today shows a mild-t; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with long h/o vertigo and headaches.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has dysosmia and headache; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a loss of smell.; It is unknown why this study is being ordered.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	58 year old female here for follow-up of CT scan of the neck. She reports left sided neck mass for many years. It has slowly become more tender. She wanted to get a CT scan of the neck which was performed at MANA on 3-1-17. Per the radiologist impression,; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Withdrawal			This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; 18 month follow up; Yes this is a request for a Diagnostic CT	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	Chronic headache; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD	Pt is having headaches and vomiting; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	4
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	3
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1
Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	2

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	The patient has headaches and sinus congestion/drainage that will not go away.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; 3 MONTH FOLLOW UP; This study is being ordered for a neurological disorder.; 10/27/2016; There has been treatment or conservative therapy.; HEADACHES, CVA, HAD ACUTE ONSET OF HEADACHE, RIGHT SIDED NUMBNESS AND WEAKNESS.; IV STEROIDS, PT/OT	1
Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; Is is not known if the patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor notes on exam that the patient has delirium or acute altered mental status.; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/14/17; There has been treatment or conservative therapy.; pain in back, spasms in throat from trauma, difficulty swallowing; medication 3 MONTH FOLLOW UP; This study is being ordered for a neurological disorder.; 10/27/2016; There has been treatment or conservative therapy.; HEADACHES, CVA, HAD ACUTE ONSET OF HEADACHE, RIGHT SIDED NUMBNESS AND WEAKNESS;; IV STEROIDS, PT/OT	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FOLLOW UP IN MEMBER WITH TIC DISORDER THAT HAS INCREASED, MRI BRAIN RECOMMENDED TO EVALUATE FOR BRAIN ABNORMALITY; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MOTOR DELAYS, ABNORMALITIES IN TONE WITH MORE OF A HYPOTONIC PATTERN WITH SUPERIMPOSED BRISK REFLEXES NOTES, DIFFICULTY WITH ORAL MOTOR SKILLS, PARTICULARLY THE TEXTURES.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI BRAIN - TO RULE OUT LESION, MRI RIGHT KNEE TO RULE OUT ANY CONSTRICTING BAND; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2016; There has been treatment or conservative therapy.; ABNORMAL GAIT, LIMP, FALLING, RIGHT UPPER EXTREMITY POSTURING, RIGHT LOWER EXTREMITY ABNORMALITY; AFO, PHYSICAL THERAPY	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PRE-OPERATIVE; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PROCEDURE(S): MRI C SPINE W/O#x0D;  MRI cervical spine without contrast 3/13/2017 History: Neck pain. Comparison: None. Technique: Routine MRI imaging of the cervical spine was performed without contrast. Findings: The palatine tonsils are prominent. Mu; This study is being ordered for Congenital Anomaly.; 09/16/2016, SYRINX WAS FOUND 03/13/17 MRI; There has not been any treatment or conservative therapy.; G95.0 Syrinx of spinal cord	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Sudden onset after vomiting 2 days in a row.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	11
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has a congenital abnormality.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; leans head; PT "The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX		2

Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT Pain is sharp.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/19/2017; There has not been any treatment or conservative therapy.; The Pt has left lower chest pain and left flank pain.	3
Approval	71250 CT CHEST, THORAX	coughing makes pain worse This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	PRE-OPERATIVE; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	2
Approval	71550 MRI CHEST	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a chest MRI.; The patient has had 3 or fewer chest MRIs.	1
Approval	71550 MRI CHEST		1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/14/17; There has been treatment or conservative therapy.; pain in back, spasms in throat from trauma, difficulty swallowing; medication	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PRE-OPERATIVE; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PROCEDURE(S): MRI C SPINE W/O  MRI cervical spine without contrast 3/13/2017 History: Neck pain. Comparison: None. Technique: Routine MRI imaging of the cervical spine was performed without contrast. Findings: The palatine tonsils are prominent. Mu; This study is being ordered for Congenital Anomaly.; 09/16/2016, SYRINX WAS FOUND 03/13/17 MRI; There has not been any treatment or conservative therapy.; G95.0 Syring of spinal cord	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; leans head; PT	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	PRE-OPERATIVE; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	PROCEDURE(S): MRI C SPINE W/O#x0D;  MRI cervical spine without contrast 3/13/2017 History: Neck pain. Comparison: None. Technique: Routine MRI imaging of the cervical spine was performed without contrast. Findings: The palatine tonsils are prominent. Mu; This study is being ordered for Congenital Anomaly.; 09/16/2016, SYRINX WAS FOUND 03/13/17 MRI; There has not been any treatment or conservative therapy.; G95.0 Syrinx of spinal cord	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PRE-OPERATIVE; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PROCEDURE(S): MRI C SPINE W/O#x0D;  MRI cervical spine without contrast 3/13/2017 History: Neck pain. Comparison: None. Technique: Routine MRI imaging of the cervical spine was performed without contrast. Findings: The palatine tonsils are prominent. Mu; This study is being ordered for Congenital Anomaly.; 09/16/2016, SYRINX WAS FOUND 03/13/17 MRI; There has not been any treatment or conservative therapy.; G95.0 Syrinx of spinal cord	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PT HAD LAMIMOTOMY FORAMINOTOMY AND DECOMPRESSION ON 11/2/2016; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	2

Approval	72192 CT PELVIS WITHOUT CONTRAST	MRI DONE 3/16/17 DEMONSTRATED 2 AREAS NEAR SI JOINT THAT MAY INDICATE NEW DISEASE.; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	Over the last 3-6 months she has started to have problems with wetting herself during the day. It is more a dribbled in full urination. It does not happen always just after urination. She does not have any painful urination. She does only have a bowel mov; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; URINARY INCONTINENCE FOR THE PAST 3-6 MONTHS, NO PAIN, NO BLOOD IN STOOLS. SHE DID HAVE AN ANAL ATRESIA AT BIRTH THAT REQUIRED SURGERY.; It is not known if there has been any treatment or conservative therapy.; Over the last 3-6 months she has started to have problems with wetting herself during the day. It is more a dribbled in full urination. It does not happen always just after urination. She does not have any painful urination. She does only have a bowel mov	1
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	2

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning. "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; MEMBER HAS JIA, HAS BILATERAL ANKLE PAIN, SWELLING. LOOKING FOR SYNOVITIS; This is a request for a bilateral ankle MRI.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	MRI BRAIN - TO RULE OUT LESION, MRI RIGHT KNEE TO RULE OUT ANY CONSTRICTING BAND; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2016; There has been treatment or conservative therapy.; ABNORMAL GAIT, LIMP, FALLING, RIGHT UPPER EXTREMITY POSTURING, RIGHT LOWER EXTREMITY ABNORMALITY; AFO, PHYSICAL THERAPY	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion. ; This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient is experiencing abdominal pain in his low abdomen. His x-ray was non diagnostic. We need to rule out diverticulitis.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Blood in the stool; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	2
Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; <Additional Clinical Information>	1

Approval	75574 CT Angiography Heart coronary arteries, CCTA		This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a cardiac surgical procedure.; HETEROTAXY SYNDROME, WAS FOUND TO HAVE A LARGE THROMBUS IN THE RIGHT PULMONARY ARTERY, CHRONIC CYANOSIS, SEVERE PULMONARY STENOSIS; No, the examination is not for noninvasive coronary arterial mapping.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	1
Disapproval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI. < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/20/16; There has been treatment or conservative therapy.; Rapid eye movement and chronic pain; Physical Therapy	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	1.1 CM SOLID RIGHT THYROID NODULE,LEFT PAROTID GLAND SWELLING,SOFT TISSUE FULLNESS OF THE LEFT LOWER CHEEK; This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is not a evaluation for a bone tumor or abnormality of the skull.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	It began 4 days ago. It is of moderate intensity. There are no obvious aggravating factors. Nothing relieves the symptoms. There are no associated symptoms. The pt says that since Sunday that he has felt like he is "in a dream". Mom says that he has ; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/20/16; There has been treatment or conservative therapy.; Rapid eye movement and chronic pain; Physical Therapy	1

Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 14 year checkup. She will be starting ninth grade at Bentonville high school. She plays softball both at school and on a traveling team. She needs a physical form for this. Schools going well. After our last visit in the similar, she was seen by their opt; It is not known if there has been any treatment or conservative therapy.; HEADACHE WITH VISUAL DISTURBANCE	3
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 14 year checkup. She will be starting ninth grade at Bentonville high school. She plays softball both at school and on a traveling team. She needs a physical form for this. Schools going well. After our last visit in the similar, she was seen by their opt; It is not known if there has been any treatment or conservative therapy.; HEADACHE WITH VISUAL DISTURBANCE	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; had difficulty with occipital headaches. We had her evaluated by ophthalmology and at that point she was noted to have some optic nerve abnormalities. Her regular ophthalmologist was concerned that this might be a reflection of a autoimmune problem. In Ju; It is not known if there has been any treatment or conservative therapy.; OCCOPITAL HEADACHES ABNORMALITY WITH HER PERIPHERAL VISION	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; neck pn	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	January 2017; There has been treatment or conservative therapy.; Patient has pain in the lower thoracic and Lumbar spine. Spinal tenderness around the lumbar.; Rest, Ice	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; had difficulty with occipital headaches. We had her evaluated by ophthalmology and at that point she was noted to have some optic nerve abnormalities. Her regular ophthalmologist was concerned that this might be a reflection of a autoimmune problem. In Ju; It is not known if there has been any treatment or conservative therapy.; OCCOPITAL HEADACHES ABNORMALITY WITH HER PERIPHERAL VISION	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; January 2017; There has been treatment or conservative therapy.; Patient has pain in the lower thoracic and Lumbar spine. Spinal tenderness around the lumbar.; Rest, Ice	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; had difficulty with occipital headaches. We had her evaluated by ophthalmology and at that point she was noted to have some optic nerve abnormalities. Her regular ophthalmologist was concerned that this might be a reflection of a autoimmune problem. In Ju; It is not known if there has been any treatment or conservative therapy.; OCCOPITAL HEADACHES ABNORMALITY WITH HER PERIPHERAL VISION	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.; arthritis affects both ankles; This is a request for a bilateral ankle MRI.	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain for over 2 weeks; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pain is sharp.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/19/2017; There has not been any treatment or conservative therapy.; The Pt has left lower chest pain and left flank pain. coughing makes pain worse	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has frequency of urination and is tender to deep palpation over periumbilical region. The lab results were abnormal.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Vomitting several times for no reason	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for follow-up trauma.; The ordering physician is not a gastroenterologist or surgeon.; There are no laboratory or physical evidence of an intra-abdominal bleed.; It is unknown if there are physical or abnormal blood work consistent with peritonitis or abdominal abscess.; possible abdominal wall musculature, chronic recurrent abdominal pain	1
Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; This study is being ordered for pre-surgical evaluation.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK		This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; DEC 26 2016; There has been treatment or conservative therapy.; CERVICAL THORACIC AND LUMBAR PAIN WEAKNESS RADIATING FROM RIGHT SHOULDER DOWN TO RIGHT CALF BACK PAIN WITH STIFFNESS; PHYSICAL THERAPY NSAIDS ANTIBIOTICS	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; DEC 26 2016; There has been treatment or conservative therapy.; CERVICAL THORACIC AND LUMBAR PAIN WEAKNESS RADIATING FROM RIGHT SHOULDER DOWN TO RIGHT CALF BACK PAIN WITH STIFFNESS; PHYSICAL THERAPY NSAIDS ANTIBIOTICS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; DEC 26 2016; There has been treatment or conservative therapy.; CERVICAL THORACIC AND LUMBAR PAIN WEAKNESS RADIATING FROM RIGHT SHOULDER DOWN TO RIGHT CALF BACK PAIN WITH STIFFNESS; PHYSICAL THERAPY NSAIDS ANTIBIOTICS	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	POSITIVE BILATERAL LASEGUE SIGN,PT COMPLAINS OF LEFT LEG NUMBNESS/TINGLING AND WEAKNESS, LOSS OF BALANCE, LOSS OF COORDINATION; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; see records; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	WILL FAX RECORDS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WILL FAX RECORDS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LOW BACK PAIN,ROM LIMITED TO L SPINE ROM. GAIT: ANTALGIC SLOW. +TTP L4L5 L5S1 PARASPINALS AND LEFT LATERAL HIP.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1
Approval	70450 CT BRAIN, HEAD 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	5
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		unknown; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; HAND WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT			1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; arm pain weakness while rotating	2

Approval	73221 MRI JOINT OF UPPER EXTREMITY		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY		This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS		This is a request for CT Angiography of the Abdomen and Pelvis.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	2
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	facial fracture; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	2
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1

Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; unknown	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; It is unknown if they had 2 normal xrays at least 3 weeks apart that did not show a fracture.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/15/2017; There has not been any treatment or conservative therapy.; Swelling, Pain, Bruising,	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	40 yr old male patient w/ ankle pain; possible tear of Achilles tendon; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	CONTINUED TREATMENT DEPENDS ON THE OUTCOME OF THE MRI. IF THERE IS A FOREIGN BODY, IT WILL HAVE TO BE REMOVED. IF NOT THE ABCESS WILL WILL BE ADDRESSED.; This is a request for a foot MRI.; It is not known if surgery is planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Foot pain; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	N/A; This study is being ordered for trauma or injury.; 5 WEEKS AGO.; There has been treatment or conservative therapy.; Pain, swelling, difficulty walking, and bruising.; A walking boot, and injections.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 month ago; There has been treatment or conservative therapy.; patient pain, swelling, and difficult walking; brace and medication	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	none; This study is being ordered for trauma or injury.; 12/21/2016; There has been treatment or conservative therapy.; Ankle joint and stress fracture on the left. ankle instabiolity; Off loading, figure 8 brace.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient has a neuroma on his left foot. Today I gave patient an injection. I gave him a Rx for Celebrex side effects include nausea and vomiting. I also want to get an MRI left ankle without contrast to check for coalition; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injuryis not suspected.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient presents with complaint of swelling and tenderness to right foot. She reports the pain and swelling happens off and on for some time now. Today she reports pain to the top of the foot Foot x-ray shows no acute fracture or other abnormality minu; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is being ordered for evaluation of Morton's Neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	possible collation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/08/2017; It is not known if there has been any treatment or conservative therapy.; hard to walk, swollen, cannot put pressure on foot.	2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	post-op surgery to right foot. over 6 months, still pain and swelling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; Swelling and pain of right foot and ankle; Physical Therapy	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	previous crush injury, patient has retained hardware and also neuroma second and third interspace, patient has pain @ 9 on 1-10 scale; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt. had ankle surgery on 11/16/2016 to remove ankle spurs. R/o ruptured ligament.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	r/o pain; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Sensation from toe and foot for a year, burning and tingling at times, heel pain for two months, L hip replacement recently; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	14
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	3

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	14
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	4

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

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is being ordered for evaluation of Morton's Neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	18
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	3

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	4
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	4

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	10
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a neurological disorder.; 12/10/2016; There has not been any treatment or conservative therapy.; Tingling at the bottoms of feet, psytica pain, radiculopathy in cervical and lumbar regions.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a neurological disorder.; 12/10/2016; There has not been any treatment or conservative therapy.; Tingling at the bottoms of feet, psytica pain, radiculopathy in cervical and lumbar regions.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	on physical exam patient has significant peritalar subluxation and is in constant pain; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	post-op surgery to right foot. over 6 months, still pain and swelling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; Swelling and pain of right foot and ankle; Physical Therapy	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		Left side weakness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Approval	70450 CT BRAIN, HEAD		PT denies hx of depression or mania. Pt does endorse hx of psychosis-AVH s/p MVA in her earl/mid teens. She will hear one voice (cannot discern a gender) or various sounds that elicit fear/paranoia in her (especially at night). Pt will see 'shadows of peo; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		Known Meningioma, having paranoia and incontinence; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	want to rule out Tumor cerebri; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically	unknown; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
Approval	70450 CT BRAIN, HEAD			1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.";	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST			2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		PT HAS ALLEGIES AND A COUGH. HE HAS NASAL POLYPS; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.; cough Bastia exercises intolerance shortness of breath; medications	1
Approval Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST 71250 CT CHEST, THORAX	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 77
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	14
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	52
Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	9
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	24
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	10
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; The patient has NOT had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 3/3/17; There has not been any treatment or conservative therapy.; interior uveitis	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.; cough Bastia exercises intolerance shortness of breath; medications	1
Approval	71250 CT CHEST, THORAX	; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	1 year follow up to document stability of pulmonary nodules.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	12/5/16 shows 1.2 cm partial pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	49 YEAR OLD ACTIVE 40 PACK YEAR ACTIVE SMOKER WITH PMHx OF COPD HAS BEEN REFERRED FOR EVALUATION OF LUNG NODULES AND MEDIASTINAL LYMPHADENOPATHY FOR SECOND OPINION PER PATIENT REQUEST. THE PATIENT HAS A CT SCAN JUNE 2016 THAT SHOWED 6 mm LUNG NODULE AND S; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	5/4/2016 5 mm nodule found in the right lobe. 7mm left upper lobe.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	6 month follow up for history of lung cancer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	6 MONTH FOLLOW UP ON LUNG NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	62 YEAR OLD WOMAN WITH PMH OF HTN, HAS SEVERE COPD. PFT SHOWS MIXED SEVERE OBSTRUCTION WITH MILD RESTRICTION.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; SOB, COUGH WITH MUCOID PHLEGM; THE PATIENT TAKES SYMBICORT AND ALBUTEROL	1
Approval	71250 CT CHEST, THORAX	6mm nodule in lung; requires CT examinations over the next two years to prove benign and screen for malignancy; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	9 mm left lung nodule being monitored.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	11
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	37

Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	3
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	7
Approval	71250 CT CHEST, THORAX	abnormal breathing test shortness of breath cough; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	abnormal findings on CT done in December 2016; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	Abnormal x-ray requires further imaging; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	Calcified and noncalcified nodules are identified. Largest noncalcified nodule measures 4 mm in the right middle lobe. No suspicious new or enlarging nodules are seen.1.4 cm nodule again identified posteriorly in the left lower lobe. A second 6 mm nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	chest x-ray showed large emphyseum; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	Chest xray shows an abnormality. Chest was done today, 2/2/17; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	CT chest 6/24/16 revealed a 15 x 11 mm RLL irregular noncalcified pulmonary nodule with a small amount of groundglass opacities possibly reflecting alveolar hemorrhage, groundglass subsolid nodularities at the LUL superior segment measuring up to 5 mm, up; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Ct chest from June 2016 demonstrated a 4 mm nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	cta on nov 28th showed a 6mm nodule on upper lung with possible pulmonary edema; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	FOLLOW UP ABNORMAL CT -LAST CT DONE 3/11/2016; 03/11/2016-CT CHEST W/O; Physical Exam Findings: Linear consolidation in the right middle lobe and lingula, stable within the right middle lobe and mildly progressed in the lingula, likely the sequela of s; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	follow up CT after treatment of staph aureus in lung; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	follow up ct chest; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	follow up for pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	Follow up for stability on chest mass 4 x 2.4cm. Initially found on MRI 12/2015 at 3.9 x 2.2cm, but had grown at 4/2016 follow up. Also seen scattered other mediastinal lymph nodes and hilar lymph. Pulmonary hyperinflation with chronic lung changes-mild CO; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Follow up imaging for lung nodules found on prior CT, 6 month follow up for stability on multiple bilateral nodules up to size 6.5mm, and atherosclerotic disease with notable coronary artery calcifications.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Follow up on a pulmonary nodule that was found on a ct from a year ago. Pt is a smoker.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Follow up on chronic granulomatous disease with noncalcified nodules and prominent mediastinal lymph nodes. Numerous nodules in both lungs ranging from 3mm to 6.5mm in diameter. Need additional images to check stability of nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	follow up on lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	Follow up on stability of right upper lobe nodule 4.7mm also found other scattered pulmonary nodules throughout both lungs. Evidence of old granulomatous disease of the thorax all with recommend to follow up in; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	ground glass plural bass nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Approval	71250 CT CHEST, THORAX	He has dyspnea with ambulating under 50 feet, denies wheezing, cough, fever, hemoptysis, pleuritic pains or unexplained weight loss.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04-20-2016; There has been treatment or conservative therapy.; patient has copd 6-7 mm nodule in the right upper lobe which had enlarged from 4 mm on prior exam, additional bilateral nodules measuring up to 6-7 mm 18 mm thyroid lesion, small ill-defined lucent lesions throughout the thoracic spine; pulmonary function test complete sleep study cpap titration	1
Approval	71250 CT CHEST, THORAX	HEMOPTYSIS,COUGH,COPD,ABNORMAL X-RAY,MILD ENLARGEMENT IN THE LEFT HILUM,WHEEZING; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Hilar adenopathy reported on CT urogram. Only part of the hilum is visible in study. Will need more information for diagnostic considerations. CT Scan of chest to evaluate nodes and lung parenchyma.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	impression dated 3/9/16 of last ct scan 3mm nodule in the left lung basse follow up ct in one year recommended if any risk for lung cancer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	lung disease evaluation; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	MEDIASTINAL ADENOPATHY,PULMONARY INFILTRATE,SERIAL CT SCANS TO EVALUATE FOR CHANGE IN SIZE AND/OR SHAPE OF ENLARGED LYMPH NODES LOOKING FOR CONTINUED IMPROVEMENT,REDUCTION IN SIZE,LONG TERM DRUG THERAPY; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Minimal atelectasis. Small right upper lobe and lingular nodules are present, for which 6 month followup study is recommended. Mild fatty replacement changes in the liver are incidentally noted; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	Mister Ross tells me he developed a cough in September 2016. His wife apparently also developed a cough about the same time. He notes that his grandkids became ill. The patient continues to cough as does his wife. They neither smoke. Currently his co; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Moderate to severe emphysematous changes are seen throughout the lungs. In the left upper lobe posteriorly, there is a 7 mm subpleural nodule. In the left mid lower lung, there is a 1.1 cm central calcified nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	multiple pulmonary nodules, two non diagnostic byopsies, smoker; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	N/A; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	Need follow up on RUL centrilobular nodules and groundglass opacities, pleural based nodular opacity RLL medially-2X1cm. subsegmental mucus plugging throughout RLL, subsegmental atelectasis in posterior lower lobes. Belateral noncalcified pulm nodules up ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Need to follow up on 8mm nodule in RUL. Focal atelectasis within the lingula. Dense nodule along the major fissure of the right lung measuring 5.5mm, scattered interstitial opacities within RML. Patient symptoms include cough and shortness of breath. Also; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	nodular densities throughout both lungs are stable to less pronounced. This suggests improving mycobacterial infection. There is a slightly larger cavitory nodule in the right upper lobe which measures 9 mm in size compared to 4 mm. This could represent ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	nodule vs pneumonia; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	Noncalcified pulmonary nodule at the left lower lobe measuring up to 3.3 mm need imaging to check for stability assessment of this nodule and others found. Also need to follow up on centrilobular emphysematous changes.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	NONE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	none; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient has COPD this study is to further evaluate the COPD; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	Patient has dyspnea on exertion increased from baseline. Is having increased shortness of breathe and chronic cough lasting longer than 3 months. Decreased lung capacity from last testing. Need to follow up on lung condition as the shortness of breathe is; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	patient has had cough for the last 4 months.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient has severe COPD with mild obstruction, has a 47 pack history and is still a smoker. Has shortness of breath, Dyspnea, cough and a wheeze. Need to follow up on lung nodule stability and make sure there are no changes to the lungs.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	patient needs follow up ct for pulmonary nodules last ct done on 3/11/16; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	patient presents with multiple pulmonary nodules in all lung fields that have grown from previous chest x-ray to CT on 1/04/17. Repeat CT in March 2017 is to document stability and rule out the possibility of a malignant process, prior to any additional ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	PNEUMOTHORAX EVALUATION; CHEST X-RAY: PA and lateral chest x-ray dated 3-2-17 is reviewed and compared with of 2-23-17. The right sided pneumothorax is still present and does not appear to be any larger than on previous film. No pneumothorax is seen ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	pt had abnormal CT lung scan.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	pt has a lung nodule and complains of shortness of breath with a productive cough with green sputum; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	Pt has COPD; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	pt has lymphadenopathy; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	PULMONARY NODULES RIGHT LOWER LOBE MEASURING 7.6MM AND 6.6MM INCIDENTAL FINDING ON CT ABD 12/22/2016; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	pulmonary nodules;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Approval	71250 CT CHEST, THORAX	R/O chest mass, and increased SOB; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	R/O:CA  Duration of Symptoms: Start: 02/08/2017   Physical Exam Findings: pt short of breath on oxygen  Preliminary Procedures X-rays  Already Completed: Procedure Date: 02/08/2017; Abnormal abnormal markings on cxr Scoped Procedures ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Repeat CT to evaluate pulmonary nodule for stability of 5.8 X 3.9 mm nodule in right middle lobe.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Right lower lobe pneumonia with multisegmental bronchial opacification. Aspiration pneumonia is favored. Mild interstitial/alveolar opacity at the left lower lobe which may relate to developing pneumonia as well. Need to follow up with condition of lun; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	right upper lobe 8cm mass known lung cancer; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	SMALL BILATERAL PLEURAL EFFUSIONS, RIGHT MORE THAN LEFT WITH EXTENSIVE AIRSPACE CONSOLIDATION BILATERALLY, PREDOMINANTLY REPRESENTING ATELECTASIS IN THE LOWER LOBES. GROUND GLASS OPACITIES IN THE UPPER LOBES MAY REPRESENT INFECTIOUS INFILTRATES, ATY; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	solitary pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	6
Approval	71250 CT CHEST, THORAX	TRIPLE BYPASS CABG,HEART CATH 2015 AND 2016; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	tuberculosis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	unknown; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	VATS biopsy showed finding of LGH and associated DIP both are strongly related to smoking. Her degree of dyspnea looks severe.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	While having coronary calcium score they found lung nodules. Due to the procedure, there are not clear imaging on how large or how many nodules. So we need to follow up with correct procedure to check the nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	3
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Michael Eastwood is a 32-year-old white gentleman with a past medical history of spontaneous pneumothorax in 2015 but otherwise no significant medical history who has been having increasing difficulty with severe shortness of breath and extreme dyspnea on; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Patient has history of pulmonary embolism. This test is a diagnostic screening for monitoring pulmonary embolisms.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	10
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 3/3/17; There has not been any treatment or conservative therapy.; interior uveitis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; INTRA-ABDOMINAL FLUID COLLECTION,SOB,ABNORMAL CT. ASCITIES IN ABD AROUND LIVER AND SPLEEN,CHEST PAIN,R/O CANCER; Yes this is a request for a Diagnostic CT	1
Approval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	lung mass for biopsy for ca; Limited or Follow up other than Sinus CT; chest	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1

Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	7

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	62 YEAR OLD WOMAN WITH PMH OF HTN, HAS SEVERE COPD. PFT SHOWS MIXED SEVERE OBSTRUCTION WITH MILD RESTRICTION.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; SOB, COUGH WITH MUCOID PHLEGM; THE PATIENT TAKES SYMBICORT AND ALBUTEROL	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	3
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of a cardiac mass.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	3
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		4
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1

Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	59 YEAR OLD FEMALE REFERRED TO PULMONARY CLINIC FOR EVALUATION OF CHRONIC SHORTNESS OF BREATH, THE PATIENT HAS BEEN EXPERIENCING EXERTIONAL DYSPNEA FOR MANY YEARS. SYMPTOMS FLUCTUATE BUT THEY HAPPEN ALMOST DAILY, DESCRIBES GETTING OUT OF BREATH JUST WALKI; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	3

Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	FOR CONTINUED EVALUATION AND FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/30/2015; There has been treatment or conservative therapy.; CHRONIC COUGH, CHRONIC SINUSITIS; FLOVENT, ALBUTEROL, ORAL STEROIDS, ORAL ANTIBIOTICS, ZYRTEC, FLONASE, MULTIPLE HOSPITALIZATIONS	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	44 year old main never smoker and PMH of HTN, DM, DLD, chronic sinusitis and allergies referred to Pulmonology for evaluation of abnormal breath sounds. He has significant hx of extensive metal dust exposure. PFT's shows mild restriction with mildly decre; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Follow up for a solitary pulmonary nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Follow up on multiple lung nodules dating back to 2013. Need to make sure they are continuing stability. The nodules are large in size, some up to 8mm in size.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	follow-up for pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	FOR CONTINUED EVALUATION AND FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/30/2015; There has been treatment or conservative therapy.; CHRONIC COUGH, CHRONIC SINUSITIS; FLOVENT, ALBUTEROL, ORAL STEROIDS, ORAL ANTIBIOTICS, ZYRTEC, FLONASE, MULTIPLE HOSPITALIZATIONS	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	He has dyspnea with ambulating under 50 feet, denies wheezing, cough, fever, hemoptysis, pleuritic pains or unexplained weight loss.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04-20-2016; There has been treatment or conservative therapy.; patient has copd 6-7 mm nodule in the right upper lobe which had enlarged from 4 mm on prior exam, additional bilateral nodules measuring up to 6-7 mm 18 mm thyroid lesion, small ill-defined lucent lesions throughout the thoracic spine; pulmonary function test complete sleep study cpap titration	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	r/o interstitial lung disease, chronic infection; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Reoccurring nodules on lungs Chronic obstructive lung disease Follow-up CT from 8 months; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	restrictive lung disease hypoxia, increase shortness of breath for about one month.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	SOB and tobacco use; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Surveillance of chronic obstructive lung disease.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; She is a 39 y/o woman with PMH of questionable immunologic deficiency, multiple bronchitis/pneumonia since childhood, fibromyalgia has been referred for the evaluation of possible COPD.; She used to have multiple pneumonia/bronchitis since early childhood; "The caller doesn't know if the ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/9/2016; There has been treatment or conservative therapy.; patient is having shortness of breath; patient had just been taking medication	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/9/2016; There has been treatment or conservative therapy.; patient is having shortness of breath; patient had just been taking medication	1
Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	2
Disapproval	93307 TTHRC R-T IMG 2D +-M- MODE REC COMPL	Radiology Services Denied Not Medically		1

Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70450 CT BRAIN, HEAD		follow up for metastis in neck.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70450 CT BRAIN, HEAD		HISTORY OF LUNG CANCER AND IS CURRENTLY BEING TREATED; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Follow up after a procedure.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	follow up for metastis in neck.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The Pt has squamous cell carcinoma of skin, METS to left neck lymph nodes, left parotid. evaluate response to recent radiation. Evaluate for radiation planning.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	4
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70544 Mr angiography head w/o dye	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ARM PAIN AND WEAKNESS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	INITIAL STAGING FOR A NON SMALL CELL LUNG CANCER TO R/O METASTATIC DISEASE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has a mets brain tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Recent MRI 03/24/17 shows: Findings: There has been worsening of metastatic disease to the brain. The previous 0.8 cm mass along the falx in the right frontal lobe now measures 1.2 cm. An additional enhancing mass in the right frontal lobe measures 0.8 c; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Recent MRI shows two enhancing left parietal lobe lesions and an enhancing lesion in the left cerebellar hemisphere.; This initial scan was done, however, pt is now being referred to Radiation Oncology and they are planning SRS on pt and want to get a 2; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	19
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	3
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	7
Approval	71250 CT CHEST, THORAX	Follow up after a procedure.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	71250 CT CHEST, THORAX	follow up for metastasis in neck.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	Invasive ductal carcinoma of the left breast. Status post lumpectomy. Sentinel lymph node sampling. Mammogram 10-25th. 1.6 cm mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	Patient will be seen for an upcoming follow up appointment post treatments. CT scans for Chest and AP are for restaging purposes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Post treatment restaging. PET scan 12/28/2016 showed developing pulmonary nodules. This CT Chest scan is to ensure stability.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	restaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	The patient has recurrent metastatic appendiceal cancer. Metastatic adenocarcinoma with a 7 mm lesion in L5.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	The Pt has squamous cell carcinoma of skin, METS to left neck lymph nodes, left parotid. evaluate response to recent radiation. Evaluate for radiation planning.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Prostate cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Prostate cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	Bone metastasis  Mary Pace is a 62-year-old female patient of Dr. Gary Engstrom was previously treated with whole brain radiation therapy for lung cancer metastatic to the brain. This was completed on 12/1/2016. She tolerated that treatment well. Sinc; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Invasive ductal carcinoma of the left breast. Status post lumpectomy. Sentinel lymph node sampling. Mammogram 10-25th. 1.6 cm mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient will be seen for an upcoming follow up appointment post treatments. CT scans for Chest and AP are for restaging purposes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. restaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient has recurrent metastatic appendiceal cancer. Metastatic adenocarcinoma with a 7 mm lesion in L5.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; 3 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	7

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new singns or symptoms.; The patient does NOT have Thyroid or Brain cancer.	2

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small cell or non small cell lung cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.	2
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Post operative; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Post operative; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient did NOT have a thyroidectomy and radioiodine ablation.; The patient has Thyroid cancer.	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		Yes, this is a request for CT Angiography of the brain.	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		Yes, this is a request for CT Angiography of the Neck.	1
Approval	70544 Mr angiography head w/o dye		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Approval	70544 Mr angiography head w/o dye		follow up to surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/05/2016; There has been treatment or conservative therapy.; headaches, neck pain; coil embolism	1
Approval	70544 Mr angiography head w/o dye		There is an immediate family history of aneurysm.; This is a request for a Brain MRA. ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		follow up to surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/05/2016; There has been treatment or conservative therapy.; headaches, neck pain; coil embolism	4
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for an aneurysm.; This study is being ordered for neurological deficits.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST			1

Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Left Apical Ganglia Neuroma; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	3
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen. This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	2
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study.";	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; Ms. Sullivan had bx of the large mass in segment four of the liver,  The size and location of the lesion is problematic for resection at this point, A previous 5 cm mass is now 11 cm in its greatest dimension	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study.";	3
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
Approval	75635 CTA AA&BI ILIOFEM LXTR	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA.	1

Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically	Yes, this is a request for CT Angiography of the brain.	1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically	Yes, this is a request for CT Angiography of the Neck.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		Reviewed MRI C spine from 06/2013 has disc protrusion at C5-6 level would recommend to obtain new Cervical MRI and consider for CESI MRI; Reviewed MRI L spine from 08/2013 noted unremarkable, but patient reports radicular pain and weakness in her right L; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHRONIC PAIN , The patient presents for Neck, shoulder, lower back and right hip pain evaluation and management. Complain of; exacerbation of neck and shoulder pain for last several weeks, not being manageable with activity modification, home exercise pr; There has been treatment or conservative therapy.; The patient presents for Neck, shoulder, lower back and right hip pain evaluation and management. Complain of; exacerbation of neck and shoulder pain for last several weeks, not being manageable with activity modification, home exercise program and curre; 8/17/2015-PRESENT	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; There has not been a recurrence of symptoms following surgery.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There is recent evidence of a thoracic spine fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Enter answer here - on If No Info Given. To evaluate BLE Weakness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		Recommend for thoracic and Lumbar MRI w/o for review, reviewed XR thoracic and Lumbar spine noted lower; thoracic degenerative changes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHRONIC PAIN; There has been treatment or conservative therapy.; The patient describes the pattern of pain as constant with intermittent flare ups.; Describes the quality of pain as aching, stabbing, sharp, deep, burning and pressure INTERFERES WITH ADLS:: standing, bending, getting up from sitting and increased activit; P.T/HOME EXERCISE, ALEVE, OXYCODONE	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		Reviewed MRI C spine from 06/2013 has disc protrusion at C5-6 level would recommend to obtain new Cervical MRI and consider for CESI ; Reviewed MRI L spine from 08/2013 noted unremarkable, but patient reports radicular pain and weakness in her; right L; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHRONIC PAIN , The patient presents for Neck, shoulder, lower back and right hip pain evaluation and management. Complains of; exacerbation of neck and shoulder pain for last several weeks, not being manageable with activity modification, home; exercise pr; There has been treatment or conservative therapy.; The patient presents for Neck, shoulder, lower back and right hip pain evaluation and management. Complains of; exacerbation of neck and shoulder pain for last several weeks, not being manageable with activity modification, home; exercise program and curre; 8/17/2015-PRESENT	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has been experiencing this; pain off and on for last several years. Reports onset of pain gradual . Stated that the pain has progressively gotten; worse, not being controlled with rest, activity modification and medication(s).Describes the pattern; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; VITAMIN D3, MULTIVITAMINS WITH EXTRA C, ADVIL, FLEXERIL.</p>	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Recommend for thoracic and Lumbar MRI w/o for review, reviewed XR thoracic and Lumbar spine noted lower; thoracic degenerative changes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHRONIC PAIN; There has been treatment or conservative therapy.; The patient describes the pattern of pain as constant with intermittent flare ups.; Describes the quality of pain as aching, stabbing, sharp, deep, burning and pressure INTERFERES WITH ADLs:: standing, bending, getting up from sitting and increased activit; P.T/HOME EXERCISE, ALEVE, OXYCODONE ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;</p>	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has documented failed physical therapy. Patient having increased lumbar pain. Radiating pain and weakness down the left leg.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Occasional weakness down the left leg, into the left foot.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST		Enter answer here - or Type In Unknown If No Info GiDue to the recurrent sinus infections and bronchitis despite 2 rounds of ABX, will decrease immunosuppression further. Advised her to decrease the MTX to 10mg sc weekly, continue folic acid 2mg.  Contin; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	5
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	5
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2 years ago; There has not been any treatment or conservative therapy.;	1
Approval	71250 CT CHEST, THORAX	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.;	1
Approval	71250 CT CHEST, THORAX	Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Enter answer here - or Type In Unknown If No Info GiDue to the recurrent sinus infections and bronchitis despite 2 rounds of ABX, will decrease immunosuppression further. Advised her to decrease the MTX to 10mg sc weekly, continue folic acid 2mg.  Contin; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;	1

Approval	71250 CT CHEST, THORAX	Pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Approval	71250 CT CHEST, THORAX	UNKNOWN; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Long term medication use. Elevated RF factor Pain, radiculopathy; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; no weakness noted on physical exam - pt reports her neck feels unstable; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	3
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	5
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	X-rays show arthritis.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2016; There has been treatment or conservative therapy.; Patient is experiencing pain, weakness, left sided tightness. Lower back pain, radiating to lower extremity.; Patient has had PT.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	10
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	X-rays show arthritis.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2016; There has been treatment or conservative therapy.; Patient is experiencing pain, weakness, left sided tightness. Lower back pain, radiating to lower extremity.; Patient has had PT. She does have partial fusion of the left SI joint and sclerosis of the right SI joint. Could she have ankylosing spondylitis?; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis. Pain; pressure and tenderness SI joints;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	pt had a pelvis xray that showed partial ankylosis of left SI and Transitional Lumbosacral vertebra; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	pt has elevated sed rate. Low back pain, and Scroiliitis; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	pt has lower back pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	r/o ankylosing spondylitis; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	Sacroiliitis; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	7
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	5
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Inflammatory/ Infectious Disease.; Dec 2015; There has been treatment or conservative therapy.; joint pain, swelling, morning stiffness, worsening dry eyes; Meloxicam, other nsaid	2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1

Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	3
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	24
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	4
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	2

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2 years ago; There has not been any treatment or conservative therapy;	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; There are documented physical or laboratory findings of a joint infection.; red hot and swollen; Known or Suspected Joint Infection	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Swelling greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mrs. Hicks is a 58 y/o female with PMH of fibromyalgia, neuropathy, cervical spine surgery and chronic lower back pain,currently being treated with diclofenac, topical lidocaine and cyclobenzaprine. Gabapentin Back pain radiates down her legs bilaterally; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; 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.; Mrs. Hicks is a 58 y/o female with PMH of fibromyalgia, neuropathic pain and chronic lower back pain. The latter has been worsening over the past year and is causing shooting pain down bilateral legs and limiting her activity significantly. Lower spine X-	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1

			<p>This is a 64-year-old Caucasian male who comes in today for follow-up. He has degenerative arthritis and history of chronic hepatitis C status post eradication therapy. He has complaints of continued lower back pain. He states that he has radiating pain with the study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; Gabapentin 300mg&#x0D; Oxycodone 15mg&#x0D; trazodone</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		
Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;</p> <p>The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.</p>	2
Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary		1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>&#x26; Enter answer here - or Type In Unknown If No Info Given. &#x26;; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;</p>	2
			<p>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>&#x26; Enter answer here - or Type In Unknown If No Info Given. &#x26;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	ABNORMAL FINDINGS ON PRIOR XRAY IMAGING, RECOMMENDED THAT MRI OF THE RIGHT FOOT AND ANKLE BE DONE SINCE BOTH ACHILLES AND THE MIDFOOT ARE INVOLVED AND ABNORMAL ON XRAY; This study is being ordered for Inflammatory/ Infectious Disease.; SINCE AT LEAST JANUARY 2015; There has been treatment or conservative therapy.; Gradual onset of moderate right foot joint pain, described as aching, non-radiating; NSAIDS, ENBREL WITH NO RELIEF	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Difficulty with movement; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	determinjed by x-ray. This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		This is a request for cervical spine MRI; Trauma or recent injury; <Enter Additional Clinical Information>; No, the patient does not have new or changing neurological signs or symptoms.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	8
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	3
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		MRI left knee ordered to look for OCD and rule out MMT. Pt. States that he developed knee pain with a sudden onset. He has had pain for several years but it has increased significantly in the last week. He does recall an injury when a bull fell on his kne; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. PT is new to our clinic. Seen in ER for ankle in December, after which he has rested, been on crutches, NSAIDS and activity mod. Presented 2/7/17 for eval of knee because pain and symptoms were worsening. Exam points to possible ACL vs other meniscal tea; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	3
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; physical therapy	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		3
Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		This is a request for a temporomandibular joint MRI. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; May 2014; There has not been any treatment or conservative therapy.; Tingling both arms, pain in neck,	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is a evaluation for a bone tumor or abnormality of the skull.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently has cancer.; There is no recurrence or metastasis.; There are new or changing lymph nodes.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Approval	70450 CT BRAIN, HEAD		This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; May 2014; There has not been any treatment or conservative therapy.; Tingling both arms, pain in neck,	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	4

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1
Approval	70547 Mr angiography neck w/o dye	The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has cancer, experiencing Migraines, needle core biopsy positive for carcinoma involves both breast, HX of cancer in family, Brain/Bone cancer in family; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; low back pain	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	evaluate cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	follow up for transplant; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; unknown; medication	1
Approval	71250 CT CHEST, THORAX	follow up from a liver transplant.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	palpable mass in upper breast region at least 3to 4 cm in size; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	pneumothorax; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Procedure is being order by a surgeon for preop evaluation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	Pt has cancer, experiencing Migraines, needle core biopsy positive for carcinoma involves both breast, HX of cancer in family, Brain/Bone cancer in family; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist. Surgery Oncologist is ordering staging scans prior to starting chemo or performing surgery.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	motor vehicle accident; This study is being ordered for trauma or injury.; 12/30/16; It is not known if there has been any treatment or conservative therapy.; chronic pain This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Enter answer here - or Type In Unknown  If No Info Given.  pt had kyphoplasty thoracic T12,L1,L2,L4, pt has history of breast cancer; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Enter answer here - or Type In Unknown  If No Info Given.  pt had kyphoplasty thoracic T12,L1,L2,L4, pt has history of breast cancer; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Impression: Pancreatic fistula Low back pain and left lower extremity weakness  Plan: We will place him on 325 mg of sodium bicarbonate 3 times a day I've encouraged him to stay hydrated and to drink at least 6 8oz. glasses of water a day We have pla; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2
Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2
Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown. Patient relates time frame back to onset of pilonial cyst excision on 10/5/16. Patient had evacuation of hematoma at this site on 10/21/16.; There has been treatment or conservative therapy.; c/o Pressure headache and swelling left buttock. Patient c/o a feeling of pressure/swelling to left buttock that gives him a headache. Reports these symptoms have been chronic. Requesting CT pelvis to rule out deep fluid collection and CT head to r/o a; Patient has been on multiple different medications with no reported change in symptoms, including Arthrotec; Norco; Tramadol and Excedrin ES.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	He has pain in his upper medial thigh. It radiates toward his perineum and right inside his scrotum. Had a very bad back riding accident where he was brought and bruise quite a bit on his lower abdomen and upper thighs bilaterally that happened last year ; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>IMPRESSION: 1. The left ovary is enlarged compared to the right but does contain a mildly complex cyst. There is flow to the left ovary and there is no evidence of adnexal free fluid. Findings are not radiographically consistent with ovarian torsion b; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT</p>	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>PALPABLE MASS FOUND ON EXAM 2/14/2017; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT</p>	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>Patient reports a right hip mass that has been getting bigger. It measures 9 x 5 cm to right thigh. Patient states it is painful at times. He also needs a colonoscopy as he has never had one. Denies any problems with his colon. No family history of colon ; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT</p>	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>post-op eval; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT</p>	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>right groin pain after inguinal hernia surgery; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT</p>	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>The patient is in need of a Pelvic CT scan without contrast to evaluate for bilateral Inguinal hernias. Due to body habitus these can not be palpated. He is having bilateral groin pain. We are needed to prove hernias before the surgeon will schedule for s; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT</p>	1
Approval	72196 MRI PELVIS	<p>right groin pain - pubic tubercle. probable medial quad injury.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.</p>	1

Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	2
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	3
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	1
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	2
Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.	2
Approval	73200 CT ARM OR UPPER EXTREMITY	TO ASSESS THE AMOUNT OF DISTAL RADIOULNAR JOINT INSTABILITY, POSSIBLE NEED FOR SURGERY; This study is being ordered for trauma or injury.; AUGUST 2016; There has been treatment or conservative therapy.; WRIST PAIN, INSTABILITY, PAIN WITH RANGE OF MOTION, INCREASED LAXITY; I & D SURGERY, CAST FOR 6 WEEKS, SPLINT, OCCUPATIONAL THERAPY	2
Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Yes, this is a request for CT Angiography of the upper extremity.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	10
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	11
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1

Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Fell in 12/2016; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The request is for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	13

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

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

Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2 WEEKS AGO; There has not been any treatment or conservative therapy.; open abcess large softball size or bigger, Hip replacement previous- see if tunnel before surgery	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/28/2016; There has been treatment or conservative therapy.; wound; unknown	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST		1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	follow up for transplant; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; unknown; medication	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	follow up from a liver transplant.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	tenderness in left upper quad, guarding; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	3
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1

Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2 WEEKS AGO; There has not been any treatment or conservative therapy.; open abcess large softball size or bigger, Hip replacement previous- see if tunnel before surgery < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 month; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 month; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; low back pain	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Appt 3/6/17. right inguinal discomfort, possible recurrent hernia. CT scan to further evaluate. 40-year-old male concrete construction worker has right groin and right lower quadrant abdominal discomfort that has been going on for several months. He had a; There has not been any treatment or conservative therapy.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Cancer Work-up for surgery. Diagnostic lab done to verify surgery is okay. Checking cancer again before next surgery to make sure nothing has changed.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is not requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	evaluate cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Further evaluation for incisional hernia; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	having some upper abdominal pain, right side and subxiphoid   somewhat related to food   had previous umbilical hernia repair with mesh - physiomesh 10x15 cm umbilical position  no obvious recurrent hernia   pain suspicious for gallbladder disease; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	hernia; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Ongoing abdominal pain and no evidence of hernia on exam; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has known retro peritoneal abscess with drain placements looking to see if abscess is better; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient still complaining of some right lower quadrant pain. Symptoms worse on 20 mg of omeprazole versus 40. Upper endoscopy was without evidence of recurrent ulcer disease and no Helicobacter. We will order CT abdomen and pelvis with contrast and restar; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Procedure is being order by a surgeon for preop evaluation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient underwent a colonoscopy and was diagnosed with sigmoid colon cancer from the removal of a cancerous polyp. He is scheduled for sigmoid colon resection on 2/13/17. He is in need of pre operative staging CT scans to check for mets prior to his o; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	28
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; It is unknown if there has been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; N/A	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; mass on I grion; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	7
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	24
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	6
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	32
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	8
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abd pain Diverticulitis hospital stay; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain; EGD done showed blood; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; concern for pancreatic head lesion; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; consult for splenectomy, Pt denies any pain. Hereditary spherocytosis, Pancytopenia, Chronic kidney disease stage 3,Splenomegaly.strong family history of hereditary spherocytosis and several of his close relatives have required splenectomy due to this di; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; EPIGASTRIC PAIN WITH NAUSEA AND TENDERNESS TENDERNESS OF UNCERTAIN ETIOLOGY. MOVEMENT MAKES IT WORSE. ABD US UNREMARKABLE,Gallbladder wall measures up to 1.4 mm in thickness. The common bile duct measures 1.1 mm. .; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; hernia; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PATIENT HAS HERNIA	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has left inguinal pain no bulge for about 6 months. Patient having sharper pain in abdomen and groin; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; possible infection; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PT is having Abdominal Pain. seen in ER in 12/29/16. On going for last 3 month 11/25/16 Abdominal Ultrasound was done that showed normal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; R lower quad abdominal pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; R/O hernia, periumbilical pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; R/O Hernia; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Reason for Appointment  1. Follow up abdominal pain    History of Present Illness  HPI:  Patient is here to follow up on his abdominal pain. CT of abdomen/pelvis with contrast on 03/16/17 revealed thickening of the bowel wall, sigmoid colo; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Reason for Appointment  1. Problems around navel area    History of Present Illness  HPI:  Patient has a place to right of navel that feels different. It does not hurt it is just different. She noticed this about 3-4 months ago. She is uns; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; RECTAL BLEEDING; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; september test showed fatty liver with fluid in the pelvis	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; The patient is status-post segmental small bowel and right colon resection (7/16/14) and is experiencing chronic abdominal pain, nausea, vomiting, and change in bowel habits. The patient also has Crohns disease.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; physical exam suggested organ enlargement, Pt had severe stomach pain ulcers a few years ago and has the same symptoms, she is extremely skinny can actually palpitate her stomach.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; LEFT LOWER QUADRANT TENDERNESS WITH PAPPABLE MASS; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Mass palpitated on physical exam; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; R/O fecal mass or ischemic bowel; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This patient has a large mass of the anterior abdominal wall on the right and left side. these may be, hernias, but they are in very atypical locations. Needs a CAT scan to examine this for planning for surgery. Followup after the CT scanf No Info Given. ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	To evaluate abdominal pain preoperatively.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	will fax clinical; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Approval	74181 MRI ABDOMEN	Member had previous CT in 2016, nodule of 1.4 cm hyper enhanced lesion. F/u MRI is recommended.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis. Surgery Oncologist is ordering staging scans prior to starting chemo or performing surgery.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" Pre operative for transplant;	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.";	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; unknown	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Follow up evaluation of benign pancreatic tail mass.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	3
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Persistent pain and liver function abnormality after laparoscopic cholecystectomy; Unfortunately parathyroid scan does not localized. Will need formal exploration at some point. Still having biliary sounding symptoms with elevated liver function tests. A	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; unable to pass catheter for cholangiogram cause of obstruction	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had an Ultrasound Abdomen that showed a Right Renal Mass and radiologist has recommended a MRI Abdomen with and without contrast.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Pt .have multiply liver lesions This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; It is not known if the patient had and abdominal ultrasound, CT or MR study.; adrenal mass needs to be evaluated	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Abnormal CT 1/17/17 with findings as follows: IMPRESSION: 1. Findings consistent with acute appendicitis. There may be an associated appendicolith.  2. There is a 3.5 centimeter mass in the right lobe of the liver which likely represents a hemangioma,	1

Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74181 MRI ABDOMEN	unknown; This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1
Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST		1
Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	7
Approval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	patient has a CT drain for abdominal abscess, wanting to make sure abscess is gone and pull the drain.; Limited or Follow up other than Sinus CT; abdominal.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	DIAGNOSED 3/15/17 WITH BREAST CANCER; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	family history sister and two aunts .....elevated blaus risk; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	initial staging; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Pt has cancer, experiencing Migraines, needle core biopsy positive for carcinoma involves both breast, HX of cancer in family, Brain/Bone cancer in family; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	THE PATIENT HAD A ABNORMAL MAMMOGRAM. SHE HAS A MASS . SHE HAS NIPPLE DISCHARGE. SHE ALSO HAS A FAMILY HISTORY OF BREAST CANCER. SHE NEEDS A MORE DETAILED IMAGE OF HER BREAST.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	10
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	12
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	8

Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	breast cancer, abnormal ct of the abdomen, pet scan is for staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	3
Approval	S8037 mrcp	Abnormal levels of other serum enzymes; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; It is not known if patient is an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed.; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; It is not known if patient has acute pancreatitis.	1
Approval	S8037 mrcp	Evaluate bile ducts for obstruction; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Approval	S8037 mrcp	Patient underwent ERCP 12/2015. Per recent CT 12/16/16, there are two indeterminate calcifications in the right upper quadrant of the abdomen with a small indeterminate calcification in the right lower quadrant of the abdomen. These may be due to small ; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Approval	S8037 mrcp	Pt. tested positive for Hepatitis A.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	2
Approval	S8037 mrcp	R/O gall stones; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Approval	S8037 mrcp	The patient is needed an MRCP to evaluate if she still has a retained common duct stone. Her operation was 8/2016 and she was unable to have an ERCP at that time. Her symptoms resolved until today. She developed RUQ pain, just like after her lap chole.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1

Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1
Approval	S8037 mrcp		To evaluate gallbladder for pre-operative procedure.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown. Patient relates time frame back to onset of pilonial cyst excision on 10/5/16. Patient had evacuation of hematoma at this site on 10/21/16.; There has been treatment or conservative therapy.; c/o Pressure headache and swelling left buttock. Patient c/o a feeling of pressure/swelling to left buttock that gives him a headache. Reports these symptoms have been chronic. Requesting CT pelvis to rule out deep fluid collection and CT head to r/o a; Patient has been on multiple different medications with no reported change in symptoms, including Arthrorect; Norco; Tramadol and Excedrin ES.	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; many years; There has been treatment or conservative therapy.; mbr has pain in neck and headache, tenderness and swelling and a bulge in the neck; chiro visits and a cyst was remove 30 years age and ibuprofen	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	xray shows left lower lobe pulmonary mass   elevated lipase and epigastric pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; elevated lipase and epigastric pain; Info Given  elevated lipase and epigastric pain	1

Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	no clinically significant adenopathy on her physical exam or CT of her neck. Think the symptoms she is having in her neck and shoulder that goes out to her arm is probably a radiculopathy related to spinal problems will order a CT of her cervical spine; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; many years; There has been treatment or conservative therapy.; mbr has pain in neck and headache, tenderness and swelling and a bulge in the neck; chiro visits and a cyst was remove 30 years age and ibuprofen ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.;;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She has both motor and sensory deficit, and radiculopathy.; This study is being ordered for a neurological disorder.; 6-8 months ago; There has been treatment or conservative therapy.; Unable to raise right arm, and pain/tingling radiating from upper back to left anterior chest; NSAID's, therapy, exercises ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.;; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; There has not been any treatment or conservative therapy.; low back pain	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ALL TESTS PERFORMED WERE NORMAL; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; A COUPLE MONTHS AGO; There has not been any treatment or conservative therapy.;; BACK PAIN, LEFT LOWER EXTREMITY WEAKNESS, SIDE PAIN	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Impression: Pancreatic fistula&#xOD; Low back pain and left lower extremity weakness&#xOD; &#xOD; Plan: We will place him on 325 mg of sodium bicarbonate 3 times a day&#xOD; I've encouraged him to stay hydrated and to drink at least 6 8oz. glasses of water a day&#xOD; We have pla; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	motor vehicle accident; This study is being ordered for trauma or injury.; 12/30/16; It is not known if there has been any treatment or conservative therapy.; chronic pain	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She has both motor and sensory deficit, and radiculopathy.; This study is being ordered for a neurological disorder.; 6-8 months ago; There has been treatment or conservative therapy.; Unable to raise right arm, and pain/tingling radiating from upper back to left anterior chest; NSAID's, therapy, exercises	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 1/2/2017; There has not been any treatment or conservative therapy.; pull and pop felt in back and pain	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 month; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/16; There has been treatment or conservative therapy.; pain in the left hip/ neuropathy/ radiation of pain / chronic constipation; miralox/ nerve block	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; low back pain	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ALL TESTS PERFORMED WERE NORMAL; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; A COUPLE MONTHS AGO; There has not been any treatment or conservative therapy.; BACK PAIN, LEFT LOWER EXTREMITY WEAKNESS, SIDE PAIN	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	previous back fusion and pt is having increased pain is unable to get out of bed. X-rays did not show anything; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	SEVERE CHRONIC BACK PAIN WITH NEGATIVE XRAY. YEARS OF DRAGGING LOGS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 1/2/2017; There has not been any treatment or conservative therapy.; pull and pop felt in back and pain	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having reoccurring pain has had previous surgery with drainage from prior abscess; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/16; There has been treatment or conservative therapy.; pain in the left hip/ neuropathy/ radiation of pain / chronic constipation; miralox/ nerve black	1
Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	This patient is seen for a rectosigmoid cancer. She developed some rectal bleeding and underwent endoscopy and was found to have a firm mass in the rectosigmoid junction . A specific level was not mentioned. Pathology showed moderately differentiated a; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Disapproval	74175 CT ANGIOGRAPHY ABDOMEN	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; It is not known if surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	None; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had EGD and Colonoscopy still having abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt has buldging on abd and has had 3 incisional and ventrial hernia repairs in the last 3 years; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	r/o hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information&; Yes this is a request for a Diagnostic CT	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; expected abdominal pain and hernia; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; R/O A HERNIA; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Status post left upper cholecystectomy for biliary dyskinesia. Had a recurrence of symptoms this past weekend with pain in the epigastrium and right upper quadrant rating through to his back. We will obtain CMP and also CT abdomen pelvis making sure not m; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; &Enter Additional clinical information &; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	xray shows left lower lobe pulmonary mass   elevated lipase and epigastric pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; elevated lipase and epigastric pain; Info Given  elevated lipase and epigastric pain	1
Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This patient is seen for a rectosigmoid cancer. She developed some rectal bleeding and underwent endoscopy and was found to have a firm mass in the rectosigmoid junction . A specific level was not mentioned. Pathology showed moderately differentiated a; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	ABNORMAL FINDINGS ON ULTRASOUND; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	1
Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	breast implants removed and in right breast appears to be a 7centimeter cinoma. Inclusive findings on mammogram; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). "The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	2
Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	4

Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71550 MRI CHEST	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a chest MRI.; The patient has had 3 or fewer chest MRIs.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; UNKNOWN	1

Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	4
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is for evaluation of regional lymph nodes.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	1
Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	MISS HUTSON IS PREVIOUSLY A VERY HEALTHY LADY WHO PERCEIVES HER CURRENT DECREASE IN CONDITIONING AS SEVERE DYSPNEA. THERE DOESN'T SEEM TO BE ANY PHYSIOLOGIC IMPAIRMENT OR DEFECT. SHE MAYBE IN THE FUTURE DEVELOP SOME MILD ABNORMALITIES DUE TO SPINAL INJURY/; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently has cancer.; There is a recurrence or metastasis.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Approval	71250 CT CHEST, THORAX		"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX		"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX		< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	2
Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	5
Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX		Faxing clinicals; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX		Follow up to surgery 9/4/2015; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Aortic dz, non-traumatic, known or suspect; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is a known or suspected coarctation of the aorta.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Patient has a Thoracic Aneurysm; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Pt is status post ascending aortic aneurysm repair we are checking him back post surgery checking for any endoleaks.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1

Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST		1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt is having sharp pain on both sides that radiate to back; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries. The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	5
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		1

Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	ULTRA showed stenosis of the left carotid.; This study is being ordered for Vascular Disease.; 2/8/17; There has not been any treatment or conservative therapy.; Pt has headache, fatigue	1
Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	ULTRA showed stenosis of the left carotid.; This study is being ordered for Vascular Disease.; 2/8/17; There has not been any treatment or conservative therapy.; Pt has headache, fatigue	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	significant aortic and coronary calcifications seen on CT; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		This is a request for a temporomandibular joint MRI.	2
Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Approval	70450 CT BRAIN, HEAD		dizziness; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Approval	70450 CT BRAIN, HEAD		memory loss, speech pressure, cant do mri due to pace maker; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	4
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1

Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	7
Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	1
Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70450 CT BRAIN, HEAD	worsening headaches.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened	1
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1

Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient presents for swollen lymph nodes in his neck and left axilla. These been present for about 6 months to 1 year and are worsening; This study is being ordered for Inflammatory/ Infectious Disease.; 6 months to 1 year; There has not been any treatment or conservative therapy.; swollen lymph nodes in his neck and left axilla	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.	1
Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	6

Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for post-operative evaluation.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	RESTAGING/FOLLOW-UP AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2
Approval	70544 Mr angiography head w/o dye		1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/09/2016; There has been treatment or conservative therapy.; unbalance issues fatigue; medication	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2004; There has been treatment or conservative therapy.; pain; pain medication	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type IHeadaches n Unknown If No Info Given.    Headaches Dizzy Visual changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurological symptoms.	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Enter answer here - or Type In Unknown If No Info Given . Patient to be evaluated for muscle aches. Ms. Cook complains of pain all over, with no specific localization. The onset of pain occurred with no apparent trigger. She characterizes it as aching; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - oPatient to be evaluated for muscle aches. Ms. Cook complains of pain all over, with no specific localization. The onset of pain occurred with no apparent trigger. She characterizes it as aching and cramping. It is o; There has been treatment or conservative therapy.; ; Eyes: Positive for blurred vision, photophobia and visual disturbance. ; Gastrointestinal: Positive for nausea. ; Neurological: Positive for headaches.; Patient has also had some sharp Shooting pains in right lateral head that may last up to 2 minutes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Has had a spell of HA's that lasted 11 days and was present on awakening and during the day .; Associated with eye watering ,altered sensitivity of rt side of head .; Ha has remained severe and slightly better at this time but persistent ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient has history of benign neoplasm of pituitary gland, provider requesting MRI with and without contrast to evaluate.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; It is not known if there has been a previous Brain MRI completed.</p>	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient just had a recent hospital stay and is still complaining of worsening symptoms. MRI Brain w/o is needed to further evaluate.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt had fall hit head ,back. Pt now having headaches, pain in right eye. Pt has dizziness and nausea.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head ocured more than 1 week ago.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	slurred speech, numbness in facial muscles; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	10
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	2

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	3
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	2
Approval	71250 CT CHEST, THORAX		1
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	6
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	7

Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2012; There has not been any treatment or conservative therapy.;	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	9

Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	abnormal CXR,lateral right lung base that probably represents a large granuloma or pulmonary hamartoma; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	C/O very weak, fatigue, heat pounding and dry cough. Is having worsening SOB as well as mucous stools worsening over the last week.  Chest xray today showed Probable improving multifocal pneumonia but some residual particularly on right.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	EnX-ray suspicious for early pneumonia Right lower lobe. This may be a post-influenza pneumonia. Given his hx of asthma, I'm goingto go ahead and treat with levaquin and steroids. He was advised to take it easy as his O2 at res is 96. He will follow up if; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	Found 7mm nodule in LUL and 6mm nodule within lingula. Recommended 6 month follow up to review the stability of these nodules and make sure there are no new ones. Patient also has Interstitiial lung disease that we need to follow up on as well.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Need follow up exam of nodules found on CT chest for lung screening done at HOG. The nodules vary in size and were subcentimeter and have abnormality. Patient has chronic cough and sputum production with nasal congestion and post nasal drip. Nodules locat; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	nodules and cough; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient complaining of pain located in the region of the right posterior thoracic cage. states it has been going on for about a year. Stated he notices the pain worse in the morningsand feels like it is in his chest. Patient states coughing or taking de; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	patient had decrease breath sounds; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Approval	71250 CT CHEST, THORAX	Patient has a suspicious mass that showed up on her chest xray. She's been having shortness of breath and cough. Patient is a long time smoker.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Patient has an abnormal CXR and needs further evaluation of spot on his lung; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	PATIENT WAS FOUND TO HAVE A LYMPH NODE ON HER CHEST XRAY DONE ON 02/21/2017. RADIOLOGIST RECOMMENDS REPEAT CT SCAN FOR LYMPHADENOPATHY SEEN ON CT SCAN.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1

Approval	71250 CT CHEST, THORAX	pt has a lung nodule that was found on an xray; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	pt has several pulmonay nodules this is a followup; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	RECURRENT PULMONARY EFFUSION; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Requesting thee month follow up CT Chest as recommended by the Radiologist on CT Chest report done on 11-9-16. CT Chest was first done due to history of chronic bronchitis and weight loss.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	this is a 6 month follow up for a pulmonary nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1

Approval	71250 CT CHEST, THORAX	<p>this is a 6 month followup pt has multiple lung nodules; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</p> <p>This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.</p>	1
Approval	71250 CT CHEST, THORAX	<p>This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.</p>	1
Approval	71250 CT CHEST, THORAX	<p>This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.</p>	1
Approval	71250 CT CHEST, THORAX	<p>This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.</p>	8
Approval	71250 CT CHEST, THORAX	<p>unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	2
Approval	71250 CT CHEST, THORAX	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is no other type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.</p>	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	CTA chest which showed a 4.2cm ascending aortic aneurysm with kinking of the descending thoracic aorta just past the subclavian.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is a known or suspected coarctation of the aorta.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Pt here for followup of atrial tachycardia and atrial flutter. She had a baseline electrophysiology study and was started on flecainade therapy. She has been feeling worse since she started the medication. No syncope. Has dizziness and headaches. She will; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	5
Approval	71550 MRI CHEST	; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; pain in the antecubital region on both arms. She mention the pain started suddenly from sleep towards the third week of January when she had he elbows flexed. The pain is a described as a sharp pain" similar to a wire being wrapped around the elbows and t; She intermittently has left C3-4 and C4-5 intra-articular facet injections along with physical therapy up until October 2016	1
Approval	71550 MRI CHEST	RESTAGING/FOLLOW-UP AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 01/04/2017; There has not been any treatment or conservative therapy.; pain	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study. The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 01/04/2017; There has not been any treatment or conservative therapy.; pain	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	failed conservative treatment for mid and lower back pain after 6 week course of physical therapy, home stretching, heat, muscle relaxants and pain meds; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/04/2016; There has been treatment or conservative therapy.; sharp and constant pain to mid and lower back with spasm. moderate pain with range of motion with tenderness to the thoracic and lumbar region; Physical therapy - eval and treat 2 times a week for 6 weeks. Heat, home stretching along with meloxicam and pain meds This is a request for a thoracic spine CT.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	failed conservative treatment for mid and lower back pain after 6 week course of physical therapy, home stretching, heat, muscle relaxants and pain meds; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/04/2016; There has been treatment or conservative therapy.; sharp and constant pain to mid and lower back with spasm. moderate pain with range of motion with tenderness to the thoracic and lumbar region; Physical therapy - eval and treat 2 times a week for 6 weeks. Heat, home stretching along with meloxicam and pain meds	1
Approval	72131 CT LUMBAR SPINE, LOW BACK		

Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	2
Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/06/2015; There has been treatment or conservative therapy.; RIDICULAPATHY; MEDICATIONS	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of bilateral upper extremities, cant hold items for very long, trouble gripping, neck pain. EMG study unremarkable .paresthesias 6 month onset. getting worse.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of bilateral upper extremities, cant hold items for very long, trouble gripping, neck pain. EMG study unremarkable .paresthesias 6 month onset. getting worse.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; pain in the antecubital region on both arms. She mention the pain started suddenly from sleep towards the third week of January when she had he elbows flexed. The pain is a described as a sharp pain" similar to a wire being wrapped around the elbows and t; She intermittently has left C3-4 and C4-5 intra-articular facet injections along with physical therapy up until October 2016	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	back pain cervical, thoracic and lumbar; This study is being ordered for a neurological disorder.; was seen in office 1-18-17 for back pain with weakness in both upper and lower extremities; There has been treatment or conservative therapy.; weakness in both upper and lower extremities; nsaid	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pain in neck that radiates down to bilateral shoulders. Xray c-spine shows mild disc narrowing and spurring. patient has had a negative EMG of bilateral hands and arms.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased ROM, tenderness, pain and spasm. positive phalens test bilaterally. pain bilateral arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient fell off ladder in 4-4-2016, x-rays were negative for fracture of neck. Patient has had weakness with numbness and tingling ever since.He has been having trouble writing, holding on to objects.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient fell off of ladder on 4-4-2016. has had weakness in upper extremities and pain in neck ever since, has been getting worse within the past month therapy, NSAIDS, activity modification has not helped, is affecting patients daily life activities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	RESTAGING/FOLLOW-UP AFTER CHEMO;LAST CHEMO 1/12/17; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	See attached notes; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient complains of neck pain with bilateral upper extremity numbness and tingling. These symptoms have been present for several years but have recently worsened. He states that he has been seen by a neurologist and had an EMG of his arms in the past; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	11
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; cervical radiculopathy with NCS concerning of cervical pathology , neck DDD, neck pain, numbness and tingling (in LUE); No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	4
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; &Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	6

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; FOR THE PAST 7 MONTHS PATIENT HAS BEEN EXHIBITING NUMBNESS AND WEAKNESS IN BOTH THE RIGHT AND LEFT UPPER EXTREMITIES. THE RIGHT ARM AND HAND SEEM TO BE THE WORST. PATIENT IS UNABLE TO RAISE RIGHT ARM MORE THAN 40 DEGREES. CHIROPRACTIC ALIGNMENT IS GOOD; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	xrays show some narrowing of the thoracic spine and previous Cervical spine surgery.; This study is being ordered for a neurological disorder.; chronic pain, unknown when it started . over a year ago.; There has been treatment or conservative therapy.; cervical pain with radiculopathy and thoracic pain with neurological symptoms.; physical therapy, change in activity level, pain medication,and aleve.ice and heat. All have failed	1

Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	xrays were normal.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has had weakness through the left upper extremity. Having a hard time gripping and lifting objects. She has had this problem for a year. Physical therapy has not helped, NSAIDS like Aleve and steroids like Prednisone have not helped. She is curre; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	abnormal thoracic spine x-ray 1/19/16. states spine pain is increasing.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	back pain cervical, thoracic and lumbar; This study is being ordered for a neurological disorder.; was seen in office 1-18-17 for back pain with weakness in both upper and lower extremities; There has been treatment or conservative therapy.; weakness in both upper and lower extremities; nsaid	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	RESTAGING/FOLLOW-UP AFTER CHEMO;LAST CHEMO 1/12/17; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1

Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	3
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is x-ray or laboratory evidence of osteomyelitis.; The study is being ordered due to known or suspected infection or abscess.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	xrays show some narrowing of the thoracic spine and previous Cervical spine surgery.; This study is being ordered for a neurological disorder.; chronic pain, unknown when it started . over a year ago.; There has been treatment or conservative therapy.; cervical pain with radiculopathy and thoracic pain with neurological symptoms.; physical therapy, change in activity level, pain medication,and aleve.ice and heat. All have failed	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/06/2015; There has been treatment or conservative therapy.; RIDICULAPATHY; MEDICATIONS	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; cont'd lumbar pain w/ radicular pain mostly to L buttock/L thigh; notes sl easing of pain per flexeril and steroid pack from 2 weeks ago - was intol of ultram (hallucin's); outwardly remains in pain; her SLTs today are approx 35-40 degrees bilaterally, wh; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015 - MRI of Hip at that time showed labral tear  2015 - MRI of Lumbar spine showed lumbar sponylosis, most severe at L5-S1 where there is broad based central protrusion associated with annular tear.; There has been treatment or conservative therapy.; R Hip and Lumbar pain - decreased range of motion of R hip - lower back pain wakes her up at night and is radiating to RLE to knee and ankle level. Also has numbness in toes on R side.; Hip - anti-inflammatory   Lumbar spine - Physical therapy and chiropractic care	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back pain cervical, thoracic and lumbar; This study is being ordered for a neurological disorder.; was seen in office 1-18-17 for back pain with weakness in both upper and lower extremities; There has been treatment or conservative therapy.; weakness in both upper and lower extremities; nsaid	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>bilateral lower back pain radiating down both legs for several months that is now worse and not remitting.; Pain right medial scapular border (tender there) with radiation down right posterior arm to elbow with numbness extending down to fingers right han; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for arthralgias, back pain, neck pain and neck stiffness. ; Neurological: Positive for numbness. bilateral lower back pain radiating down both legs for several months that is now worse and not remitting.; Pain right medial scapular border (tender; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Enter answer here - or Type In Unknown If No Info Given.; . Patient to be evaluated for muscle aches. Ms. Cook complains of pain all over, with no specific localization. The onset of pain occurred with no apparent trigger. She characterizes it as aching; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - oPatient to be evaluated for muscle aches. Ms. Cook complains of pain all over, with no specific localization. The onset of pain occurred with no apparent trigger. She characterizes it as aching and cramping. It is o; There has been treatment or conservative therapy.;</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>lumbago; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Lumbar Spine: Inspection of the lumbar spine reveals normal lordosis with no obvious scoliosis or asymmetry noted.; Palpation of the lumbar facet reveals hyperextension of lumbar spine as well as bilateral palpation of lumbar facets.; reproduced back pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neurological: Patient reports of headache. Weakness is reported by the patient. She denies having any trouble with.; memory. She finds no trouble while concentrating. She denies of excessive sedation. There is no gait disturbance.; reported.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has documented three months physical therapy without improvement. Patient worsening.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having increased pressure in the sacrum causing radiating pain and numbness down both legs into the knees making it hard for the patient to walk.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has hx of ulcerative colitis. ; Patient c/o back pain since August with no improvement on medications.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CT is being ordered to evaluate generalized abdominal pain with onset 1/23/17.; MRI is being ordered to evaluate low back pain with onset 8/11/2016.; There has been treatment or conservative therapy.; Pain in abdomen. ; Pain in low back.; No conservative tx for the CT.; Conservative tx for MRI: Robaxin, Hydrocodone.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient with back pain following lifting a 100 lb propane tank. Left leg went numb and now has sciatica down the left leg. Pain is worsening. he has parasthesias in the left leg Patient taking medrol dose pak with muscle relaxer and anti-inflammatory; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	RESTAGING/FOLLOW-UP AFTER CHEMO;LAST CHEMO 1/12/17; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	44
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	6
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	23
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2

Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	Status post total replacement of right hip; History of recurrent infection; Right hip pain; R hip - concerned about possible infectious process; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72196 MRI PELVIS	Abnormal vaginal bleeding. The uterus is surgically absent. Preservation of flow to the ovaries bilaterally with no evidence of ovarian torsion. No discrete pelvic mass. No free fluid. No discrete pelvic mass. Recommend clinical correlation, MRI of the pe; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	Initial staging for prostate CA; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	72196 MRI PELVIS	RESTAGING/FOLLOW-UP AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	3
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for osteomyelitis. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	72196 MRI PELVIS	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	2
Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1

Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The study is not requested for any of the standard indications for Knee MRI; This request is for a wrist MRI.; It is not known if the reason for the study is evaluation of wrist pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; Left elbow pain and weakness. Concerning for distal biceps tendon tear. limited range of motion. Elbow shows mild popeye deformity; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	mass which is suspected to be a probable lipoma is visible and painful to palpation of mass on right shoulder. No xrays were taken at this visit with us on 03/01/2017.She also has some numbness and tingling down right upper extremity upon palpation of ; The requested study is a Shoulder MRI.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.; The request is for shoulder pain.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	no; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient has possible rotator cuff tear, recurrent SLAP tear or propagation of a SLAP tear. Positive Hawkins Impingement, Positive Biceps Provocation signs, Positive Circumduction Test; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Approval	73221 MRI JOINT OF UPPER EXTREMITY	RESTAGING/FOLLOW-UP AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient presents for right shoulder pain for the last 4 weeks. He has not had an injury and has not had any surgeries on that shoulder. Pain is constant and worse with minimal range of motion. He has not had any redness or swelling	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; SHARP PAIN, WORSENING, HAS TRIED ALEVE NOT HELPING, HAS DECREASED MOBILITY TO SHOULDER, PT DISLOCATED SHOULDER BACK IN 2005, COULD PROBABLY STILL HAVE SOME RESIDUAL MICROSCOPIC PROBLEMS, SOME EXERCISES GIVEN TO PATIENT TO INCREASE MOBILITY TO SHOULDER, WA	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Unknown	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	5
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	13
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for staging.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	2
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected. Brandon Smith 01/13/17; SUBJECTIVE: Brandon Smith returns to the clinic four months status post right ankle injection reporting that following the last visit and receiving an ankle injection that he received no therapeutic benefit whatsoever from th; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.;	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	There is a suspicion of tendon or ligament injury. crush type injury to foot on 3/6/2017. xrays taken at that time show no fractures. Patient was put into a brace and has been taking NSAIDS since that time. No alleviating fractures.;	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Knee pain, Pain in right leg, Thigh pain, Injury of thigh, Pain in right knee, Chronic pain syndrome, right knee pain is becoming unbearable, trauma, limited motion (right knee), and previous injuries, any weight bearing makes pain unbearable, limited am; This is a request for a Knee MRI.; The study is not requested for knee pain.; The study is not requested for any of the standard indications for Knee MRI	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Knee wound not healing; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; There is no symptom of locking, Instability, Swelling, Redness, Limited range of motion or pain.; It is not known if patient has completed and failed a course of conservative treatment. Left Knee--: mild knee effusion, patellar tenderness, lateral patellar tenderness, medial patellar tenderness, quadriceps atrophy, synovitis, and tibial tubercle tenderness. Left Knee Stability: Stable exam, Lachman negative, anterior drawer negative; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	No info Given; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	none; This is a request for a foot MRI.; It is not known if surgery is planned for in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	none; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient has had a reinjury of right knee with effusion after his right knee arthroscopy and partial; medial menisectomy, abrasion chondroplasty patella and limited synovectomy that was performed on 12-1-2016. A re-tear is highly suspected.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	suspected meniscus tear of the right knee, pos McMurrys; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	3
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	7
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	3

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	6
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	2
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1

Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	5
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	was injured on 2/10/17 (fell out of camper) and hurt right ankle, she heard a loud pop, was seen at er on 2/12/17 due to being out of state at the time of the injury.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/30/2016; There has been treatment or conservative therapy.; popping stiffness pain Limited range of motion; Medications home exercise heat and ice	2

Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015 - MRI of Hip at that time showed labral tear.; 2015 - MRI of Lumbar spine showed lumbar spondylosis, most severe at L5-S1 where there is broad based central protrusion associated with annular tear.; There has been treatment or conservative therapy.; R Hip and Lumbar pain - decreased range of motion of R hip - lower back pain wakes her up at night and is radiating to RLE to knee and ankle level. Also has numbness in toes on R side.; Hip - anti-inflammatory.; Lumbar spine - Physical therapy and chiropractic care	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	2
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	3
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Enter answer here - or Type I Patient had open abdominal surgery to repair stomach ulcer mass was observed.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Epigastric Pain. Pt is having abdomen pain localized to the upper abdomen. CT is to rule out a mass.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient has hx of ulcerative colitis. ; Patient c/o back pain since August with no improvement on medications.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CT is being ordered to evaluate generalized abdominal pain with onset 1/23/17.; MRI is being ordered to evaluate low back pain with onset 8/11/2016.; There has been treatment or conservative therapy.; Pain in abdomen. ; Pain in low back.; No conservative tx for the CT.; Conservative tx for MRI: Robaxin, Hydrocodone.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months. . Lower back pain when lying flat; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; Yes this is a request for a Diagnostic CT</p> <p>; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2012; There has not been any treatment or conservative therapy.;</p> <p>48-year-old Hispanic male presents today with reports that for the last 3 days she's had left middle to lower quadrant abdominal pain tenderness he currently takes excellent and taking pantoprazole as well on occasion gas relief medication reports frequen; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>ACUTE RENAL FAILURE,KIDNEY INJURY,RECURRING,WORSENING PAIN,RADIATING PAIN TO BACK,NAUSEA RECENT&#x0D; R/O:BILATERAL PLEURAL EFFUSIONS,KIDNEY STONES,RECENT HOSPITAL RELEASE,STAGE 3 RENAL FAILURE; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT</p> <p>Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.;</p>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	C/O very weak, fatigue, heat pounding and dry cough. Is having worsening SOB as well as mucous stools worsening over the last week. ; Chest xray today showed Probable improving multifocal pneumonia but some residual particularly on right.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Dr Confer dictating; Tiffany Williams, DOB 06/01/1993: cystoscopy, right ureteral stent placement. She has a diagnosis for intrauterine pregnancy and right flank pain, hydronephrosis. She needs to be on the schedule for a CT scan and a cysto stent removal; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	hepatic masses noted on ct dated 02/02/2016 and needing f/u imaging; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	ongoing painful urination and dysuria. UA abnormal. 1+ blood and bacteria and TNC crystals in urine. Pt treated for UTI in December 2016 and is still having the symptoms. tenderness in LLQ and CVA tenderness on exam; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has had the microscopic hematuria pain since 2012.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is having nausea/vomiting and RLQ pain and tenderness. The provider would like to rule out ovarian cysts vs appendicitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is post op laparoscopic cholecystectomy and is having left-sided abdominal pain. Need CT Scan to evaluate pseudocyst; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt went to er and had xray done on abdominal series. report has suggestion of underlying hepatomegaly and need ct to properly diagnose; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	RUQ pain for a week now, but has had off and on for 3-4 months, cannot even sit up straight. drinking soda makes it worse and eating anything makes her blow up.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient report's of crushing chest pain and left arm pain. Patient has a rising PSA as well. Patient has an inability to control his urination once the urge strikes him. Scan will be used to rule out bony metastasis. Also need to assess his lymph n; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	7
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	13
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	13
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; blood in stool possible colon cancer; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	To rule out appendicitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.;	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1

Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Approval	74181 MRI ABDOMEN	pre liver transplant; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; Previous CT Impression. Multiple bilateral renal masses essentially all increased in size versus remote prior. There is nodular enhancing component of anterior dominant right upper pole cystic mass. Additionally, increase size and lobulation of anterior l	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; Liver mass, LUQ tenderness (mild), frequent diarrhea (the same time she had diarrhea.); severe vomiting and nausea on 3/14/2017 for 24 hours and went to the ER. also had headache, urinary loss of control (stress incontinence), was seen at the ER in Siloa	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Approval	74712 Fetal MRI	This a request for a Fetal MRI.; It is unknown if an ultrasound of the mother been completed.	1
Approval	75557 Cardiac MRI Morph & structure w/o contrast	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/09/2016; There has been treatment or conservative therapy.; unbalance issues fatigue; medication	1

Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Hx of breast cancer and abnormal mammogram. On 3-23-16 diag mammogram UNI Rt conclusion of test was lobulated hypoechoic 1 cm mass at the 9:00 position on the right breast is suggestive of an intrammary lymph node however is increased in size compared to ; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	staging; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	4
Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Approval	77078 CT bone mineral density study, 1 or more sites; axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1
Approval	77084 Magnetic resonance imaging, bone marrow blood	; This is a request for an MRI Bone Marrow.	1
Approval	77084 Magnetic resonance imaging, bone marrow blood supply	RESTAGING/FOLLOW-UP AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 63-year-old pleasant lady with hypertension, dyslipidemia, tobacco use, and atherosclerotic heart disease status post remote myocardial infarction and subsequent PTCA and stenting left anterior descending artery. She presents now with symptoms suggesti; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest Pain- Patient reports heaviness. He reports exertional. He reports worse with activity. He reports shortness of breath and nausea. He reports pain level 3/10. He reports abrupt onset without warning. He reports relieved with sitting. radiates aroun; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	has hypertension; obese; history of CAD; hyper lipodemia; had cabage; had cath;; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; The patient has had a cardiology study in the past 3 years.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt with recent hospital admission for hypoxic respiratory failure. Pt is unable to walk on treadmill due to her COPD. Pt has significant fatigue and snores at night. Physician is requesting cardiac workup at this time.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes. The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	2

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is for a nuclear TMST. patient with episodes of tachycardia; palpitations; SOB 3-5 times weekly lasting several minutes; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise. This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will not be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	unknown	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; It is not known if there is a change in cardiac signs or symptoms.; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; RESTAGING AFTER CHEMO	1
Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; RESTAGING AFTER CHEMO, LAST CHEMO 1/4/17; PATIENT HAS A KNOWN DIAGNOSIS OF MULTIPLE MYELOMA;	1

Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	58y/o man presents with early evidence of dementia. A recent Brain MRI presented with arachnoid cysts however that is unlikely to be the cause of his symptoms. He has a strong history of dementia that would be most consistent with Alzheimer's. We are; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; It is unknown if this is for an evaluation of axillary lymph nodes.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2

Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	3
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	3
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2
Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2
Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is beibg requested for evalutaion of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.	2

Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R		This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.	1
Approval	93350 ECHO TTHRC R-T 2D -+M- MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Approval	93350 ECHO TTHRC R-T 2D -+M- MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
Approval	93350 ECHO TTHRC R-T 2D -+M- MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	6
Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient is having worsening headaches with vision changes; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1

Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt reports dizzy spells along with memory loss x2-3 weeks. Pt reports waking up panicked and confused in the night and had no idea where she was, what time it was, or what day it was.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures. R/O:SINUS CYST  History / Dx: R51 Frequent headaches  History / Dx: severity is moderate. has gotten worse. symptoms are intermittent. locations affected include occipital. symptoms include dizziness. History / Dx: previous history of sinus cyst wi; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Sudden onset headache not responding to pain medication that has persisted for the last three months.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PT HAS CHRONIC FACIAL PAIN AND PRESSURE CHRONIC RECURRENT RHINOSINUSITIS X4YR/ NASAL OBSTRUCTION/ MULT ABX; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFA CIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt c/o right neck pain that radiates down right arm/hand which causes numbness/tingling. States unable to pick up small objects with right hand. States that neck pain causes occasional headaches.; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient states she feels like she has fluid on the left side of her head behind her ear and down to her left shoulder. she states she can "hear" and feel the fluid. She also states that she has to swallow a salty fluid when she touches her neck. She al; This study is being ordered for Vascular Disease.; 10/16/16; There has been treatment or conservative therapy.; Neck/head pain; Tympanoplasty in October 2016, ASpirin 81 mg	1
Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1

Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Patient states she feels like she has fluid on the left side of her head behind her ear and down to her left shoulder. she states she can "hear" and feel the fluid. She also states that she has to swallow a salty fluid when she touches her neck. She al; This study is being ordered for Vascular Disease.; 10/16/16; There has been treatment or conservative therapy.; Neck/head pain; Tympanoplasty in October 2016, ASpirin 81 mg & Enter answer here - or Type In Unknown If No Info Given. &; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2004; There has been treatment or conservative therapy.; pain; pain medication	1
Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic headaches with fatigue, history of seizures, weakness, fatigue. Was at the Moose Lodge on 3/17/2017 for karaoke and shooting pool. Felt very fatigued. As she was walking up stairs and coming back down stairs she told her friend she did not feel w; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAVING FACIAL PAIN WITH NUMBNESS AT TIMES; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had increase vison changes with nausea and sensitivity to light; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/19/2017; There has not been any treatment or conservative therapy.; weight loss	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient presents for swollen lymph nodes in his neck and left axilla. These been present for about 6 months to 1 year and are worsening; This study is being ordered for Inflammatory/ Infectious Disease.; 6 months to 1 year; There has not been any treatment or conservative therapy.; swollen lymph nodes in his neck and left axilla	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient that has osteoporosis with a achy pain below shoulder blades x1 yr. physical exam shows limited range of motion and pain. Negative thoracic spine xray.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	persisting pain complex does have a right sided thoracic T5-7 dermatomal distribution, needing a CT to evaluate for focal nerve root compression as etiology of this persisting yet unexplained pain; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2004; There has been treatment or conservative therapy.; pain; pain medication	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/6/17; There has been treatment or conservative therapy.; pain; Pain management; Physical therapy	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/22/16; There has been treatment or conservative therapy.; pain; pain management; Pt reports completing physical therapy in the past with no improvement	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Bilateral arm pain with dysesthesias rule out herniated nucleus pulposus.; Patient complains of pain with abduction of both arms and he complains of weakness.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate for nerve impingement. Patient is a candidate for epidural steroid injection and surgery if required.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient complained of weakness in upper extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Increased pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Medical history is pertinent for back surgery; This study is being ordered for trauma or injury.; January 23, 2017; There has been treatment or conservative therapy.; low back pain, neck pain, interfering with work. Numbness in L upper arm, L forearm, L hand, Neck stiffness; Home Exercises, Back Brace, NSAIDS, Muscle relaxers, ice/heat, ROM exercises	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling (BUE), muscle aches, arthralgias/joint pain, and back pain, last Xr cervical spine DDD noted in 2016, neuopathy affecting BUE, Degeneration of thoracic intervertebral disc, Degeneration of lumbar intervertebral disc, Neck pain, Cervi; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness and tingling (BUE); It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been working outdoors cutting wood, and his pain has increased. Patient has been scheduled with orthopedic MD as well. Provider would like these images to better treat.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient established care with our office 10/2016. At that time patient c/o pain in left shoulder, pain in lumbar spine, pain in cervical spine. Patient has diagnoses of pain in left shoulder, cervicgia, other cervical disc degeneration unspecified cervi; There has been treatment or conservative therapy.; Pain in left shoulder, neck, and lower back.; Patient has tried hydrocodone starting 10/21/2016, gabapentin starting 10/21/2016, and flexeril starting 10/21/2016.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports that the symptoms worsen with prolonged standing. He reports that the pain radiates to both legs. Patient reports having numbness/tingling sensations.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/25/2016; There has been treatment or conservative therapy.; Radiating pain and restricted mobility; Patient has been treated at VA for years with tramadol/NSAID's/gabapentin/epidural injections/oxycodone.; Tramadol/gabapentin/Mobic working the best. Reports hx of several cervical compression deformities without surgery. Prior medical treatment; includes	1

Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Describe primary symptoms here - Low back pain and decrease ROM., neck pain; Describe treatment / conservative therapy here - NSAIDS, alternating heat therapy, ice therapy, no heavy lifting	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Unknown; Patient has been seen for pain management with no relief.	1
Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	worsening pain to neck and shoulder; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; limited ROM when turning left to right; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; bypassing clinicals	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1

Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/22/16; There has been treatment or conservative therapy.; pain; pain management; Pt reports completing physical therapy in the past with no improvement	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient c/o back pain prior to 11/2016. Provider is requesting MRI to evaluate.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient established care with us November 2016, but c/o back pain prior to seeing us.; There has been treatment or conservative therapy.; Pain in mid and low back, with sciatica to the right side.; Hydrocodone started in November; Gabapentin started in February; no improvement.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Unknown; Patient has been seen for pain management with no relief.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; bypassing clinicals	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. Briefly- Lumbar MRI 6/14 - some subtle edema at L5-S1. Possible transitional vertebrae. Early modic changes at L5-S1 with some bulging disc and DDD at this level. No obvious stenosis noted. The patient presents today for follow up. They report increas; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Currently she is prescribed hydrocodone, naproxen, and tizanidine which she reports the opioid to be partially effective, lacking in strength currently. She reports pain in her neck and low back. States she continues with pain and weakness in her LEs. S; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.;	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/6/17; There has been treatment or conservative therapy.; pain; Pain management Physical therapy	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	caller bypassed the clinical questions.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain, Degeneration of lumbar intervertebral disc, Parkinson's disease, Primary fibromyalgia syndrome, Radiculopathy suspected as well but not able to tolerate gabapentin, muscle aches, weakness, and cramps and arthralgias/joint pain and back; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Dr. Smith documents in his office note that pt had a transitional lumbar vertebrate.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Medical history is pertinent for back surgery; This study is being ordered for trauma or injury.; January 23, 2017; There has been treatment or conservative therapy.; low back pain, neck pain, interfering with work. Numbness in L upper arm, L forearm, L hand, Neck stiffness; Home Exercises, Back Brace, NSAIDS, Muscle relaxers, ice/heat, ROM exercises	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient c/o back pain for 6+ weeks. Patient has been prescribed Hydrocodone, Gabapentin, and Lyrica with no improvement.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient c/o back pain prior to 11/2016. Provider is requesting MRI to evaluate.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient established care with us November 2016, but c/o back pain prior to seeing us.; There has been treatment or conservative therapy.; Pain in mid and low back, with sciatica to the right side.; Hydrocodone started in November; Gabapentin started in February; no improvement.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient c/o pain to lower back, which radiates down right leg. X-ray on 12/22/16 showed degenerative disc disease & mild spondylosis. Provider would like MRI authorized to evaluate extent of what was shown on the x-ray so we can better treat the patient.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Hydrocodone was started on 12/09/16. Gabapentin was started on 1/16/17.	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has been working outdoors cutting wood, and his pain has increased. Patient has been scheduled with orthopedic MD as well. Provider would like these images to better treat.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient established care with our office 10/2016. At that time patient c/o pain in left shoulder, pain in lumbar spine, pain in cervical spine. Patient has diagnoses of pain in left shoulder, cervicgia, other cervical disc degeneration unspecified cervi; There has been treatment or conservative therapy.; Pain in left shoulder, neck, and lower back.; Patient has tried hydrocodone starting 10/21/2016, gabapentin starting 10/21/2016, and flexeril starting 10/21/2016. Patient has tried and failed in home physical therapy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness induced when patient stands for a long period of time due to the radiating pain from the lumbar spine.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient reports that the symptoms worsen with prolonged standing. He reports that the pain radiates to both legs. Patient reports having numbness/tingling sensations.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/25/2016; There has been treatment or conservative therapy.; Radiating pain and restricted mobility; Patient has been treated at VA for years with tramadol/NSAID's/gabapentin/epidural injections/oxycodone.; Tramadol/gabapentin/Mobic working the best. Reports hx of several cervical compression deformities without surgery. Prior medical treatment includes</p> <p>Patient seen 1week ago for low back pain in numbness of Right Lower Ext. given flexeril and steroid pack. Patient states she is some better but still having pain in Right side of Low Back with Standing and sitting long periods; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	1

Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Describe primary symptoms here - Low back pain and decrease ROM., neck pain; Describe treatment / conservative therapy here - NSAIDS, alternating heat therapy, ice therapy, no heavy lifting	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Unknown; Patient has been seen for pain management with no relief.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has been working outdoors cutting wood, and his pain has increased. Patient has been scheduled with orthopedic MD as well. Provider would like these images to better treat.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient established care with our office 10/2016. At that time patient c/o pain in left shoulder, pain in lumbar spine, pain in cervical spine. Patient has diagnoses of pain in left shoulder, cervicgia, other cervical disc degeneration unspecified cervi; There has been treatment or conservative therapy.; Pain in left shoulder, neck, and lower back.; Patient has tried hydrocodone starting 10/21/2016, gabapentin starting 10/21/2016, and flexeril starting 10/21/2016.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient has shoulder pain. there is popping; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient was first seen on January 25 for left shoulder pain that had been present for several years. Patient was found to have limited abduction . Pain with abduction and external rotation. Patient has tried Aleve that helped in the beginning but now d; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; left shoulder pain after falling from a 8 foot scaffold	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; TRYING TO CHECK IF ROATATER CUFF TORN LIGAMENT	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;; patient is having numbness in fingers	1
Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;; joint diseases	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 01/01/2015; There has been treatment or conservative therapy.; nausea diarrhea vomiting abd pain headache, pain in his feet numbness; surgery left foot, meds and 5 upper endoscopy for abdomen	2
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Clinical information will be provided.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1

Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	No info Given; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient to be evaluated for knee pain. This has been a problem for the past more than 5 years. Pt states it has become progressively worse over the several months. She describes the discomfort as severe. Primary joints affected include: both knees. Ag; This study is being ordered for Inflammatory/ Infectious Disease.; 2012; There has been treatment or conservative therapy.; Patient to be evaluated for knee pain. This has been a problem for the past more than 5 years. Pt states it has become progressively worse over the several months. She describes the discomfort as severe. Primary joints affected include: both knees. Ag; states it has become progressively worse over the several months. The patient has tried Meloxicam with some relief, diathermy (with mixed effectiveness), and application of cold packs (with mixed effectiveness). Pt recently had a steroid shot for res	2
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Jimmie Norwood is a 62 year old male referred by Dr. Tara Capeheart.The patient was found to have a positive hepatitis C antibody patient does have a history of IV drug abuse but quit using IV drugs 20 years ago. The patient does smoke cigarettes. The ; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient presented to our clinic on 02/09/2017 with c/o abdominal pain. Patient describes the pain as sharp, coming at random times. Patient denied blood in stool, nausea, vomiting, or diarrhea. Patient has had gallbladder removed.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/19/2017; There has not been any treatment or conservative therapy.; weight loss	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	ELEVATED LIVER FUNCTIONS AND TO EVAL FOR CANCER; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given patient has abdominal pain and distention. onset couple months. all labs are normal. abdomen largely distended, tender RUQ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Lower right lower quadrant abdominal pain. Etiology unclear. I think getting a CT would be the 1st step and then if that is negative, maybe consider colonoscopy. I think colitis is a possibility, diverticulitis is a possibility. Even something unrelat; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Concern for possible bowel obstruction. patient has not had bowel movement since Last wed, Feb. 8, although he has taken 4 bottles of mag citrate, 1 Fleet Enema, and 1 Milk of Molasses Enema with return of only watery stools. patients brother recently had; Yes this is a request for a Diagnostic CT This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		2

Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 01/01/2015; There has been treatment or conservative therapy.; nausea diarrreah vomiting abd pain headache, pain in his feet numbness; surgery left foot, meds and 5 upper endoscopy for abdomen	1
Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; It is not know if there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	. L arm numbness and pain- on and off- sometimes at night, sometimes on exertion, also having CP and DOE when climbing stairs, and palpitations. She has hx of "blockage" of flow in L arm arteries several yrs ago during evaluation in Mayo clinic- no recor; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	elevated blood pressure, and shortness of breath  Exertional chest pain   Occasional palpitations  Hypertension   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	1

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Problem List/Impression: 1. Chest pain R07.9 Plan : Will proceed with nuclear stress test to evaluate for ischemia. Add ASA 81 mg daily  2. Shortness of breath R06.02 Plan : Will proceed 2D Echo to evaluate LV function and any valvular abnor; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Lymphoma; Medications	1
Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Approval	70450 CT BRAIN, HEAD		PROSTATE CANCER AND BONE METASTASIS; This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for other indications	1
Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/6/17; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/6/17; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1

Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Elevated FSH and LH; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	2
Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 6/28/2016; There has been treatment or conservative therapy.; Headache, numbness in R hand, back pain, possible lesion of spinal cord C6; Home exercise, Nsaids with no improvement	1
Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	4
Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	CT DATED 5/4/2016 Noncalcified pulmonary nodules identified in the lung bases. These are nonspecific, but most likely related to noncalcified granulomas.; CT scan of the chest in 6 months is recommended.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Approval	71250 CT CHEST, THORAX	Enter answer here - or Type In Unknown If1. Some "shoddy" lymphadenopathy in the mediastinum with no Pulmonary masses but some mild scarring and CO The largest node is 1.1 cm in the subcarinal area. These are indeterminate and at least should have interval; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Established patient here for followup from recent prostate cancer diagnosis. The patient had metastatic workup with CT scan abdomen and pelvis and bone scan. These were negative for any evidence for metastatic prostate cancer. It did show a small pulmonary; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	Followup renal cancer. Patient underwent partial left nephrectomy on 4/27/16. Exam being ordered for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Minimum pleural fissural thickening of the chest & pt has fever & chest pain & heart size is borderline or slightly exaggerated.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	LUNG NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	LUNG NODULES AND KIDNEY CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	LUNG NODULES; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
Approval	71250 CT CHEST, THORAX	Malignant neoplasm of descended left testis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1
Approval	71250 CT CHEST, THORAX	MULTIPLE SMALL LUNG NODULES; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	patient had a renal US which revealed a solid mass in his left teste. also physical exam reveals a hard large mass involving the upper pole of his left testis. Theses findings are compatible with a primary germ cell tumor of the left testis.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	71250 CT CHEST, THORAX	PATIENT HAS IN EMPYSEMATOUS CHANGES IN SMALL NOGULE AND DENSITYS; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Approval	71250 CT CHEST, THORAX	Patient has prostate cancer, staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	PROSTATE CANCER AND BONE METASTASIS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Pt had left nephrectomy on 6/14/2016 for renal adenocarcinoma. Scans being done for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	PT HAS LUNG NODULE FOUND ON CT ABD.PELVIS; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	PULMONARY NODULES; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Approval	71250 CT CHEST, THORAX	Routine surveillance for renal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	Routine surveillance scan for renal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	71250 CT CHEST, THORAX	The patient was diagnosed with left renal cancer and underwent left nephrectomy on 3/29/2016. Exam being performed to evaluate for recurrence and metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	71250 CT CHEST, THORAX	the patient was diagnosed with prostate cancer on 3/20/2017. PSA 4.1, Gleason score 6. Scan is being done to determine treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 6/28/2016; There has been treatment or conservative therapy.; Headache, numbness in R hand, back pain, possible lesion of spinal cord C6; Home exercise, Nsaids with no improvement The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	inguinal pain; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	PATIENT HAD A surveillance CYSTOSCOPY AND WAS FOUND TO HAVE A PELVIC MASS GIVEN HIS HX OF BLADDER CANCER DR LINDSAY WOULD LIKE TO CHECK W/ CT SCAN; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.	1

Approval	72192 CT PELVIS WITHOUT CONTRAST	primary malignant neoplasm of bladder; Stage I, grade II transitional cell carcinoma of bladder- s/p BCG No evidence of recurrence per cysto today 7/20/2016.; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Approval	72192 CT PELVIS WITHOUT CONTRAST	RECURRENT UTI AND VAGINAL DISCOMFORT; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	72196 MRI PELVIS	due to elevated PSA, have malignant tumor of prostate, malignant neoplasm of the bladder; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the bladder.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	72196 MRI PELVIS	elevated PSA; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	4
Approval	72196 MRI PELVIS	ELEVATED PSA; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1
Approval	72196 MRI PELVIS	ELIVATED PSA / 2014 PSA 4.0; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Approval	72196 MRI PELVIS	MRI A/P WWO CONTRAST FOR LIVER MASS AND LEFT SCIATICA PAIN.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	72196 MRI PELVIS	Pt has an elevated PSA. R/O prostate cancer.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Approval	72196 MRI PELVIS	Pt has symptom-less microscopic hematuria found on urinalysis in office today. Non contrast CT was performed to check for kidney stones, but pt is allergic to CT contrast so CT urogram could not be done. Physician wants MRI abd/pelvis to evaluate upper u	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	39
Approval	72196 MRI PELVIS	unknown; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	previous ct showed adrenal mass, this is a follow up yearly; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of renal mass.; It is unknown what is suggested the suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Routine surveillance for renal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	29
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1

Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	2
Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST		10
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Associated Signs & Symptoms: Patient here to establish care for kidney stones. She has had stones in the past. Recent KUB and RUS with bilateral punctate stones. Pain is intermittently in the mid back bilaterally. However, the biggest complaint is abdomen; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Chronic UTI, Hematuria, Chronic Right Flank Pain, Large Urine WBC and urine RBC in urinalysis. Positive nitrite.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Followup renal cancer. Patient underwent partial left nephrectomy on 4/27/16. Exam being ordered for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Here to evaluate for nephrolithiasis, had ESWL about 2 years ago and now has similar symptoms Associated Signs & Symptoms: intermittent left flank pain that is non-radiating, also has marked difficulty emptying bladder with nocturia 2-3 times and urgency ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	hx of 6 previous stones, 2 of which required surgical intervention. pt now has 3mm stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	KIDNEY STONES AND BILATERAL FLANK PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	KIDNEY STONES AND FLANK PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	KIDNEY STONES AND UTI; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Malignant neoplasm of descended left testis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	On a ct scan from 02/19/17 pt had a 6mm stone. pt is s/p cystoscopy, bilateral retrograde ureteral pyelogram on 03/14/17.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient had a renal US which revealed a solid mass in his left teste. also physical exam reveals a hard large mass involving the upper pole of his left testis. Theses findings are compatible with a primary germ cell tumor of the left testis.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	PATIENT HAS ANOTHER KIDNEY STONE AND URIC ACID IS ABDNORMAL AND ANOTHER CT IS REQUESTED; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has prostate cancer, staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient with history of kidney stones seen in clinic today, was not able to urinate in clinic. He is having urinary frequency and urgency. These are indicative of stones. No recent imaging.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient with known ureteral stone (7mm) and s/p recent ESWL is now having Nausea/Vomiting and flank pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt had left nephrectomy on 6/14/2016 for renal adenocarcinoma. Scans being done for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT HAS A KIDNEY STONE THAT HE MIGHT HAVE PAST; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	RECURREN UTI AND FLANK PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Recurring UTI; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	RIGHT FLANK PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	right flank pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	Routine surveillance scan for renal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	SUMMARY OF FINDINGS: BPH/INCOMPLETE EMPTYING: He has marked obstructive voiding symptoms and a elevated residual despite recent institution of Flomax. He denies STD's , or perineal trauma (higher incidence of urethral stricture disease). He denies focal ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient was diagnosed with left renal cancer and underwent left nephrectomy on 3/29/2016. Exam being performed to evaluate for recurrence and metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	the patient was diagnosed with prostate cancer on 3/20/2017. PSA 4.1, Gleason score 6. Scan is being done to determine treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	24
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	10
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	14
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; It is not known if this patient is experiencing hematuria.; Kidney/Ureteral stone; ; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	4
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	6
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; Patient was referred to us from PCP with history of recurring prostate infections. Patient seen in clinic today with back pain, urinary frequency and urgency, dribbling, hesitancy and weak stream. Looking for possible kidney/ureter stones as underlying ca; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; It is not known if there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	9
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was perfromred more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; Surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operatove complication.; Pre-op or post op evaluation	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operatove complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; ; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; PROSTATE CANCER, ABDOMINAL PAIN AND MODERATE POSTOPERATIVE FLUID COLLECTION IN THE RETROPUBIC SPACE CONCERNING FOR HEMATOMA.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	33
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	145
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	6
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; flank pain; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Follow up for history of renal cancer; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; LEFT TESTICULAR PAIN AND BILATERAL VARICOCELES; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Moderate blood in UA	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; N/A; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PELVIC AND PERINEAL PAIN; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PELVIC HEMATOMA; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; RECURRENT UTI; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Recurrent UTIs. Pelvic pain.	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; SCROTAL PAIN, VARICOCELE AND BLADDER OUTLET OBSTRUCTION; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; SEVERE HYDRONEPHROSIS; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; this pt has been hospitalized for a renal/perinephric abcess as well as panceratic abcess we need f/u ct to evaluate healing; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ultrasound of scrotum, testicular swelling and pain;; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; VARICOCELE AND HYDRROCELE; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; VARICOCELE AND TESTICULAR PAIN; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; VARICOCELE; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	57
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	213
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	7
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; Patient is s/p Transurethral Resection of Bladder Tumors on 03/08/17 that Pathology showed High-grade papillary urothelial carcinoma. Checking for possible mets.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; <Enter Additional clinical information >	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases	9
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	35
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; It is unknown if this patient has prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; It is not known if there is a palpable or observed abdominal mass.; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases	2
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	3

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	3
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; We are requesting the scan for a 6 month follow up. Making sure cancer has not spread.; Yes this is a request for a Diagnostic CT	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma; Yes this is a request for a Diagnostic CT unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Approval	74176 CT ABD & PELVIS W/O CONTRAST	UTI, status post partial nephrectomy; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	1
Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1
Approval	74181 MRI ABDOMEN	Liver: Diffuse fatty infiltration. There is a 2.5 cm hypodensity in the anterior segment of the right lobe of the liver.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1
Approval	74181 MRI ABDOMEN	MRI A/P WWO CONTRAST FOR LIVER MASS AND LEFT SCIATICA PAIN.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Approval	74181 MRI ABDOMEN	Pt has symptom-less microscopic hematuria found on urinalysis in office today. Non contrast CT was performed to check for kidney stones, but pt is allergic to CT contrast so CT urogram could not be done. Physician wants MRI abd/pelvis to evaluate upper u	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.";	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the study is for follow up or staging.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Followup known left renal mass diagnosed by MRI in July 2016. No other imaging performed. MRI done in July 2016 findings were consistent with hemorrhagic cyst. Scan ordered for 6 month followup	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; The patient had a CT scan that showed a 2 cm left mid pole renal mass that is suspicious for malignancy. MRI is being ordered to better evaluate and determine treatment	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 03/16/17 CT scan date	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 21 MM RIGHT UPPER POLE RENAL CYST WITH INCREASED ATTENUATION POSTERIOR	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Complex appearing 9 mm mid/upper pole right renal lesion	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; CT DONE ON 11/16/2016; GROSS APPEARANCE OF LEFT KIDNEY	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Ct scan on 3/14/17	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" liver lesion	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" LIVER MASS FOUND ON CT SCAN	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Mr Watts presents today (along with wife and daughter) after CT and bone scan. CT with 8mm pancreatic lesion. Bone scan suggests healing fractures of ribs 6,7. Pleased with Rapaflo.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Patient had renal mass and renal cyst noted on Renal MRI 10/17/2016. We have this mass under observation and would like a 6 month check to make sure it is remaining stable.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" patient has liver lesions	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" right 10 mm renal mass	1

Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; The patient has a documented renal cyst in both kidneys that appear stable. In his last Ultrasound on 02/13/17 In the mid right kidney there appears to be a possible solid right mass that extends into the renal pelvis.	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; The patient has a renal cyst that was first detected on a CT scan on 12/9/2016. It is described as simple with septations and possibly hemorrhagic. An MRI was ordered at that time but the patient did not keep that appointment. Scan being done to further c	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; It is not known if the patient had and abdominal ultrasound, CT or MR study.; Patient was referred to us for an adrenal mass. The substance of the mass is not known at this time. Multi-phase MRI requested to assess the mass	1
Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Renal cyst	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	1
Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1

Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	2
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	BALDDER CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	we had orginally tried to get a pet scan which nia denied and instructed us to request ct's...this patient has prostate cancer and we need ct's to stage and look for metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1

Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt being seen for suprapubic pelvic pain, mildly tender prostate, suspected prostatitis.; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain and KUB; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is not newly diagnosed, it's known previous history.; There are NO new signs or symptoms.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; Prostate cancer; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	BLADDER PAIN AND BACK PAIN; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	lupj obstruction; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	one 4mm stone with hydro on 12/09/16. we are looking to see if she has more stones now.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt reports about 6 UTIs in the past 6 months with some resistance to antibiotics on her last urine culture. Reports urgency, frequency, dysuria, difficulty voiding, and fevers when she gets UTIs; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; post op; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	2
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; HEMOSPERMIA; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; low grade fever , systems of suprapubic tenderness , UTI WORSENING	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PAIN IN THE PELVIS; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PATIENT HAS BEEN HAVING UNEXPLAINED RIGHT SIDED GROIN AND TESTICULAR PAIN FOR 1 MONTH	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PENILE PAIN; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; r10.12	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1

Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Pt has prostate cancer and had a biopsy; Yes this is a request for a Diagnostic CT we had orginally tried to get a pet scan which nia denied and instructed us to request ct's...this patient has prostate cancer and we need ct's to stage and look for metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1
Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	4
Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Evaluate to confirm subclavian steal; This study is being ordered for Vascular Disease.; January 2016; There has been treatment or conservative therapy.; Carotid stenosis, chest pain, diplopia; Stress echocardiogram, medications Patient is being evaluated to undergo right carotid endarterectomy.; This study is being ordered for Vascular Disease.; 02/19/16; There has been treatment or conservative therapy.; ;	2
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST			1
Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST			1

Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	56 year old female with aberrant right subclavian artery, increasingly more symptomatic since last seen in 2011.; This study is being ordered for Vascular Disease.; 2010; There has not been any treatment or conservative therapy.; She presents today complaining of some worsening dysphagia, which results in her having difficulty even swallowing water at times. However, she reports that these symptoms seem to come and go and sometimes she has no issues swallowing at all. Other sympto	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Evaluate to confirm subclavian steal; This study is being ordered for Vascular Disease.; January 2016; There has been treatment or conservative therapy.; Carotid stenosis, chest pain, diplopia; Stress echocardiogram, medications	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Patient is being evaluated to undergo right carotid endarterectomy.; This study is being ordered for Vascular Disease.; 02/19/16; There has been treatment or conservative therapy.;	1
Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	1
Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.	1
Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; mid 2016; There has not been any treatment or conservative therapy.; abdominal pain	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/4/2016; There has been treatment or conservative therapy.;	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	56 year old female with aberrant right subclavian artery, increasingly more symptomatic since last seen in 2011.; This study is being ordered for Vascular Disease.; 2010; There has not been any treatment or conservative therapy.; She presents today complaining of some worsening dysphagia, which results in her having difficulty even swallowing water at times. However, she reports that these symptoms seem to come and go and sometimes she has no issues swallowing at all. Other sympto	1

Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Evaluate to confirm subclavian steal; This study is being ordered for Vascular Disease.; January 2016; There has been treatment or conservative therapy.; Carotid stenosis, chest pain, diplopia; Stress echocardiogram, medications	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	make sure has not increase in size might have to do surgery if increase, a 6 month follow up; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/21/2016; There has been treatment or conservative therapy.; back pain; stop smoking and treat hypertension	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Patient has known Thoracic aortic aneurysm, left carotid bypass, yearly exam with CT scan to check for endo leak; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Yes, this is a request for CT Angiography of the upper extremity.	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; mid 2016; There has not been any treatment or conservative therapy.; abdominal pain	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/4/2016; There has been treatment or conservative therapy.;	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	make sure has not increase in size might have to do surgery if increase, a 6 month follow up; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/21/2016; There has been treatment or conservative therapy.; back pain; stop smoking and treat hypertension	1
Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	12
Approval	74175 CT ANGIOGRAPHY ABDOMEN	Yes, this is a request for CT Angiography of the abdomen.	5
Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1

Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;	1
Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		Yes, this is a request for CT Angiography of the abdominal arteries.	4
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		; This study is being ordered as a pre-operative evaluation.; The patient had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Disapproval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;	1
Disapproval	74175 CT ANGIOGRAPHY ABDOMEN	Radiology Services Denied Not Medically	Yes, this is a request for CT Angiography of the abdomen.	1